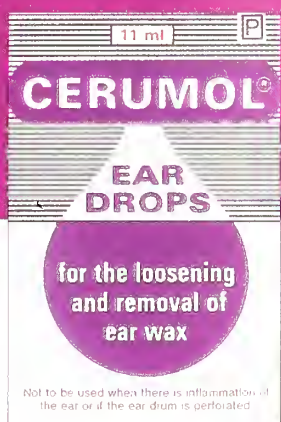


CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

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***DoH 'accepts'
Crown's views
on prescribing***

*NI settles point of
dispensing checks
with £600,000*

*How the DoH claws
back that discount*

*Primary care taken
on trust in Scotland*

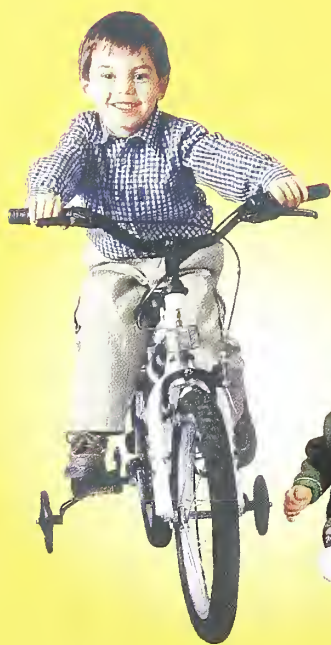
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THE NEWSWEEKLY FOR PHARMACY

VOLUME 251 No 6181 139th YEAR OF PUBLICATION ISSN 0009-3033

REGULARS

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COMMENT

April 1 will bring something of a 'double whammy' for pharmacists and their staff this year. Not only will they have to deal with the grumbles from patients over the annual increase in the prescription charge (carefully pitched just below the psychological £6 barrier by those crafty marketing people at the DoH) but they will also take on the role of policing exemption claims, with the aim of cutting down fraud (except in Northern Ireland where PoD checks will not start until July 1). There is an unproven presumption that patients defraud the NHS, and some very woolly figures are bandied about as to how much. There might also be a presumption that every increase in the prescription charge increases that temptation.

The percentage of prescriptions chargeable now stands at around 14 per cent (down from 23.6 per cent in 1986-87), although the charge as a percentage of the total prescription cost has remained at around 9 per cent since the mid-1980s. Quite how much longer patients are going to accept the charge is a moot point. The more astute have already twigged that the cost of the medicine is, in many cases, way below the charge they pay. Some pharmacists have encouraged the 'private option' where they can levy a sensible private prescription fee and still undercut the NHS. Primary care groups, with their capped drug budgets are another April 1 innovation and they could see GPs encouraging a similar practice. And this week there are firm indications that the Government is going to adopt the recommendations in the Crown Report to broaden the prescribing circle.

But didn't the Government promise to review the prescription charging system early in its term of office? Surely, it's worth looking at the whole issue again - properly, this time.

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With Scotland's new National Health Service starting on April 1, what changes can we expect?



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Britain's largest shopping centre has just opened in Kent. Boots the Chemists has secured its place

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Jeff Harris (right) is overseeing the group's potential launch of multiple pharmacies in Europe

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PosMark has launched a healthcare survey service that makes use of the internet and its customers

With this issue

The March/April issue of OTC, including features on allergies, a healthy heart and delegation at work



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Society celebrates over Health Bill amendments

The Royal Pharmaceutical Society is celebrating its success at securing three amendments to the Health Bill, after working with other health professions.

Following debate in the House of Lords, the amendments mean the Society preserves its current position as a regulatory body, and keeps its regulatory functions separate from the Department of Health. It also ensures that a secretary of state will not be able to pass an Order imposing a lay majority on the professional body.

Welcoming the amendments, RPSGB professional standards director Sue Sharpe commented: "The passing of these amendments is recognition that the Society has in place well established regulatory powers that work. With these amendments, we are happy that the order-making power will enable us to secure changes to legislation which will help us to ensure the quality of pharmacists and the services they offer."

Script levy hike reminder

NHS prescription charges go up from April 1.

The new charges are as follows:

- 1 Each quantity of a drug (including oxygen cylinders) and each appliance (other than those in 2 and 3): £5.90
- 2 Elastic hosiery including stockings (excluding tights): per item £5.90; per pair £11.80
- 3 Tights supplied through hospitals: per pair £11.80
- 4 Drugs supplied by instalments (payable on supply of first instalment): £5.90
- 5 Prescription pre-payment certificate: four months £30.80; 12 months £84.60
- 6 Surgical brassiere: £19.95
- 7 Abdominal or spinal support: £29.95
- 8 Wigs: stock modacrylic £49; partial human hair £129; full bespoke hair £188.50.

The NHS Executive points out that where the consultation at which the supply of a wig or fabric support is authorised to take place on or after April 1, the new levy applies. For those authorised before April 1, the old rate should be charged. Similarly, new application fees will apply for pre-payment certificates received on or after April 1, regardless of when the PPC starts.

The NHSE has also given examples of when patient prescription declarations are not acceptable, regarding how the form is signed.

Denham speaks up for Crown's conclusions

The Government is ready to accept the Crown Report recommendation to allow community pharmacists to prescribe on a limited formulary.

Senior government sources have told *Chemist & Druggist* that they accept the principal conclusion that other professions should be able to prescribe drugs on the NHS. There is money for primary care development in the budget to ask pharmacies to come up with ideas for improving services. Although ministers say it is too early to say exactly what the primary care groups and pharmacists will come up with, the political will for change is there.

Ministers see the potential of a 'strong role' for community pharmacists to use their skills within the community in conjunction with nurses and GPs. The ministers expect a range of different initiatives using skills in different ways.

"There would certainly be the potential for allowing pharmacists to prescribe under the Crown Report.

There is a lot of work to be done on the protocols that you would have to follow, but it is certainly on the agenda," said one highly-placed Whitehall source.

Health minister John Denham referred to the Crown Report in a speech to health professionals in London. He said that he is looking at expanding the role of pharmacists as part of his plans for making the NHS more accessible to patients.

Mr Denham said patients wanted the same sort of responsiveness from the health service that they receive from commercial outlets in the High Street, such as banks. He wants more flexible services and better routes into them, to relieve some of the pressure on GPs and to improve the services to patients. He stressed he was not comparing the NHS to the private health market. His plan is to make the NHS more flexible to the needs of patients, with more walk-in clinics in the High Street, and greater use of the pharmacists.

One idea raised by Mr Denham is for patients to be given free access to the internet health web sites through computers in libraries and possibly in pharmacists' High-Street shops. He said he was not proposing that patients should be invited to cure themselves with information from the net, but they could learn more about the management of chronic conditions and general health tips by using web sites. On the big question of extra money for pharmacists, however, ministers are still vague.

Primary care groups have been awarded £20 million to be targeted at updating IT. Every PCG will get a flat rate of £20,000 and "the remaining fund will be directed to those areas which have been previously under-funded", announced Mr Denham.

A DoH press release adds: "GP prescriptions can be sent direct from GPs to chemists, [so that they are] ready to pick up immediately by the patient on arrival at the chemist," but it fails to give any time scale.

Consultation period announced for EU herbal medicines controls

A consultation period on European Commission proposals for regulatory controls of herbal medicines has been announced by Baroness Hayman, the health minister.

She has asked the Medicines Control Agency to review the proposed measures in light of discussions this week with trade, professional and consumer representatives.

"The present regulatory arrangements have some limitations," said Baroness Hayman. She highlighted the

difference between requirements to demonstrate safety, quality and efficacy of licensed herbal medicines, and the limited regulatory requirements for unlicensed products. The Government is welcoming "constructive views on the issue of how to achieve a balance between consumer safety and consumer choice".

The impact of the proposals will be limited and restricted to licensed products, the Government believes. But it will look at the wider implications.

PSNI redesigns dinner to have a ball

The Pharmaceutical Society of Northern Ireland is giving its presidential dinner a makeover. From being a formal dinner it is to become a May ball.

President Terry Maguire said the change in format is intended to encourage younger pharmacists to attend. The Society is teaming up with the Ulster Cancer Foundation, which is celebrating its 30th anniversary, for the event. Dancing after dinner and "very short speeches" will be to the sound of Luv Bug.

The PSNI May ball is being held on May 1 at the Culloden Hotel, Holyrood, Belfast. Tickets are £30 per head including reception drinks, a meal, wine and after dinner entertainment.

For tickets call the PSNI office on 01232 326927.

● The consultation period for the PSNI's strategy for the future of pharmacy in the Province, 'Vision 2020', comes to an end on March 31. Next week will be the last opportunity to submit responses.



President Hemant Patel

Passover greetings

Hemant Patel, president of the Royal Pharmaceutical Society, has issued the following Passover message:

"Passover is a time when Jews the world over reflect on their physical and spiritual freedom.

"At the core of the Passover message ... which I think is of relevance to us all, is that any form of enslavement, be it to our work, synthetic stimulants or any mundane activity, can be replaced by humility and an awareness that the needs and feelings of others are of prime importance in our lives.

"Wishing you all a very happy and kosher Passover."

Scots call for pharmacy IT investment



Pictured at the launch are (l-r) SPGC vice-chairman Frank Owens, RPSGB Scottish Executive vice-chairman Alison Strath, national specialist on clinical pharmacy Professor John Cromarty, chief pharmacist Bill Scott and RPSGB Scottish Department secretary Dr Sheila Stevens

Community pharmacy must have access to the same sorts of information technology as GPs, Scottish Pharmaceutical General Council vice-chairman Frank Owens has said.

Speaking at last Tuesday's launch of the third set of national pharmacy guidelines, 'Clinical pharmacy practice

in primary care' (C&D March 20, p7), Mr Owens called on the Government to act in this area as a matter of urgency.

"Given that many community pharmacists currently work in professional isolation, I think it essential that the Government accepts that it is imperative that community pharmacy be afforded the same IT facilities as GPs," he said, "and that the Government seeks to put in place the necessary computer links now as a matter of urgency."

To facilitate the envisaged new roles, whether in administering repeat prescribing schemes, providing dependent prescriber services or administering patient pharmaceutical care plans, "then clearly there is a need for additional resource", continued Mr Owens.

Earlier, he said the guidelines issued by the Clinical Resource and Audit Group "will provide a solid framework, a foundation, on which to build new clinical services". Although they have no statutory authority, he believes the guidelines will prove to be an extremely useful resource for contractor pharmacists and all other pharmacists providing pharmaceutical care in the community.

LHG members to get support network

The Welsh Central Pharmaceutical Committee is to set up a communications and back up support network for all Local Health Group pharmacists in Wales.

Support may include:

- an electronic conferencing network to link all LHG pharmacists enabling them to exchange ideas

- training events on topics such as presentation and communication skills and clinical skills

- access to the Pharmaceutical Services Negotiating Committee's community pharmacy database

- support from the office of the secretary of the Welsh Central Pharmaceutical Committee, Mike King.

NI exemption check funds

The Pharmaceutical Contractors' Committee in Northern Ireland has reluctantly agreed to £600,000 being added to the global sum for pharmacists carrying out point of dispensing checks from July 1.

From that date pharmacists' terms of service will be amended to require them to ask patients for evidence when they claim exemption from prescription charges. Patients or their representatives will remain responsible for any claims they make. If the patient does not provide evidence, pharmacists should mark the back of the prescription to identify forms for post-dispensing checks by the Central Services Agency.

The £600,000 will be added to the global sum from April 1, but the checks have been deferred until July to give pharmacists, their staff and patients time to prepare for the new arrange-

ments. The payment includes £176 per pharmacy for training. Dispensing doctors and their staff will start the same checks on the same date.

PCC chairman Patrick Slevin said the payment compares favourably with that in England and Scotland, with the advantage that the whole amount goes into the global sum and could be improved year on year, rather than part being a one-off payment for start-up costs. The reason the offer was accepted "reluctantly" was a matter of principle, he said, in that contractors were opposed to carrying out the checks. But PCC gained assurance that pharmacists would not be responsible for the accuracy of the patient's declaration and could refer problems to the Department of Health.

"We still don't embrace the concept of picking up the fee, but, in the light of what was happening across the

Pharmacists to lobby parliament over pay

Pharmacists are expected to be among "vast numbers" of NHS professionals lobbying parliament for a new pay review system on April 22, according to their representative union.

MSF wants the Government to set up a "single body charged with the task of reviewing the pay of all NHS professionals". This recommendation is made in the Health Committee's report, 'Future NHS Staffing Requirements'.

Roger Khine, MSF national secretary for health, said: "Certain members of the NHS team have seen their pay increases seriously lag behind those covered by pay review bodies. The recruitment crisis is as least as severe as that in nursing."

Counselling at home doubles compliance

A study in West Cumbria that doubled medicine compliance rates through domiciliary counselling has highlighted the need for a community liaison pharmacist in the area.

The study showed that counselling prior to discharge from hospital resulted in compliance rates of between 30 and 35 per cent. If the counselling was carried out in patients' homes, compliance rates reached 78 per cent. Patients counselled immediately before discharge are preoccupied with returning home, said Ken Ball, director of pharmacy and pathology services at West Cumbria Health Care NHS Trust.

IN BRIEF

GSL analgesics pack sizes

The number of ibuprofen 200mg tablets or capsules that can be sold as a GSL medicine increases from 12 to 16 on March 31. Aloxiprin will be brought into line with the recent restrictions on paracetamol and aspirin, by reducing the maximum GSL pack size from 25 to 16 non-effervescent tablets or capsules. The changes, proposed in MLX248 (C&D November 21, 1998, p7), are made under the Medicines (Sole or Supply) (Miscellaneous Provisions) Amendment Regulations 1999 (SI No 644, Stationery Office £1.50).

Advice cards re-printed

Supplies of Pharmacy Practice Consultants' Patient Advice Cards are now available again, after the first 500 sold out. The cards, written by pharmacists Dr Corino Livingstone and Duncon Livingstone, are intended as an aid to pharmacists and others responsible for advising patients about their medication. The cards are not for handing out to patients. The publishers are dealing with the backlog of applications, but other requests for supplies (£9.95) should go to Dr C Livingstone, 12 Firtle Road, Lancing, West Sussex BN15 0NZ.

Limits to added nutrients

New regulations specify maximum limits for nutrients added to baby foods intended for sole use after December 31. The limits apply mainly to added vitamins, minerals and trace elements. Specific protein requirements apply to foods containing cheese and sweet dishes containing mostly dairy products. 'The Processed Cereal-based Foods and Baby Foods for Infants and Young Children (Amendment) Regulations 1999' (SI 275; Stationery Office £2) come into effect on March 31.

Voluntary workers newsletter

Georgino Stock, who produces the *Practical Pharmacy* newsletter has asked us to point out that the newsletter, distributed via VSO, is funded by the Department for International Development, ECHO International Health Services and the Drugs Action Programme of WHO (see C&D March 13, p35).

Price List service

Due to an unforeseen computer error, there is text missing in the April Price List from randomly chosen entries. The missing text forms the variant information part of the product entries; although the variant entry may not be complete, the products may still be available. Apologies for this genuine error and any inconvenience caused. Call 01732 377407/457212 for further assistance.

Advice on GM ingredients

The Proprietary Association of Great Britain is advising member companies to test their products for genetically-modified ingredients.

Such ingredients may be found in minute quantities in some OTC medicines or health supplements containing starch or thickening agents derived from soya or maize.

From March 19, all foods containing genetically-modified soya and maize must be labelled as such. The foods are exempt if the processing involves a genetic modification step but there are no genetically-modified materials present in the final product, as in refined soya and maize oils where refining removes all the DNA and protein.

A spokesman from the Ministry of Agriculture, Fisheries and Foods told C&D that the new labelling regulations did not apply to dietary supplements, only to foodstuffs, but said there was nothing to stop manufacturers labelling products if they thought fit to do so. PAGB believes health supplements that are not licensed medi-

cines are classed as foods, so come under the recent EU legislation. It suggests that manufacturers test any products they suspect contain GM ingredients, then decide whether to continue selling the product, appropriately labelled, or switch to a GM-free supplier. The Council for Responsible Nutrition is taking a similar line.

OTC medicines and licensed health supplements do not fall within the scope of the EU food laws, so there is no specific requirement to label GM ingredients, although all ingredients must be listed on the pack or patient information leaflet. But PAGB said that many manufacturers are testing these products as well, to ensure consumers' freedom of choice.

The Association of the British Pharmaceutical Industry has not yet been required to discuss the use of GM ingredients in medicines. A spokesman said the issue needed further exploration but the amounts used in excipients were likely to be so small as not to cause concern.

Analgesic sales regulations being ignored

A media investigation in Hampshire has shown that Department of Health guidelines on the restriction of sales of large amounts of paracetamol are being ignored.

Reporters from *The News*, Portsmouth's evening paper, visited 13 general stores in the Portsmouth area and found that ten were prepared to serve more than 16 paracetamol tablets at a time, contravening the regulations introduced last September.

Local Labour MP Syd Rapson said that the rules were not being properly policed: "From the evidence *The News* has gathered, the restrictions do not work." As a result, he said he would be taking the matter up with ministers.

Store owners, when contacted by reporters, said they would issue briefings on restrictions of sales to their staff.

Norton has launched Perforated Mini Leaflets as a temporary measure, to allow pharmacists to comply with patient pack regulations. The condensed patient information leaflets will be available until Norton's whole product range comes in patient packs. They contain all the patient information condensed to a quarter of its original size. A bulk container of 100 tablets will only require one sheet

Passive smoking and children alert

The Doctor Patient Partnership has launched a campaign alerting the public to the dangers of passive smoking in children.

Its 'Smoking - give up for kids' campaign aims to highlight the fact that a quarter of the public are unaware that parental smoking can lead to childhood health problems. A tenth of respondents in a Gallup poll commissioned by the DPP believe that smok-

ing does not lead to any problems. Only 41 per cent were aware that parental smoking could lead to childhood asthma, while only 7 per cent were aware of a link between parental smoking and the risk of cot death.

The DPP will be working with the National Asthma Campaign and the Foundation for the Study of Infant Deaths to highlight the problems caused by passive smoking.

Viewpoint



Kirit Patel, owner of the 40-strong Day Lewis chain, gives a personal view on the costs and consequences of mandatory technician training. Imagine two large corporations employing 35,000 people, each with three divisions, namely retail, hospital and industry. Both wish to enhance the training of a particular group of their employees. One corporation, Smart Co plc, involves all the stakeholders at various levels, evaluates the training requirements and arranges for adequate funding to see the project through. Then, with the assistance of senior

managers, it defines a clear strategy in order to fulfil its mission.

Imagine the other corporation: call it What You Like plc based at Lambeth. Its board decides to simply make a unilateral decision to make mandatory training a requirement, with little consultation or adequate funding.

Which one will succeed and will still have a motivated workforce? I leave it to you to guess.

It's high time the Royal Pharmaceutical Society's Council adopted a 'bottom up' approach and not one that is top down. I do not believe Council is aware of the needs of the retail sector. Yet again Council has decided to bring about changes without consultation with those who are affected.

How can any organisation carry out a training requirement without first involving all the stakeholders? How can anyone believe for a minute that the hospital sector's requirement is the same as that of community pharmacy? The hospital sector has indefinite funding from the Government, while community pharmacists are constantly squeezed.

Has council conducted research into how many people are to be trained, and how much it will cost an average community pharmacist, and who is going to pay for this mandatory training?

An average pharmacy is open more than 55 hours per week. Is Council aware how many people, on average, help out in the dispensary, whether it is for one hour or 40 hours per week? Am I to believe that, on an evening when you have five people waiting for scripts, a pharmacist would not be able to call on the assistance of counter staff who might not be registered with the Society as a technician?

What is to happen when your dispenser is off sick, or on leave? Or when your registered technician is poached by another pharmacy? What would happen if an inspector walks in and finds a counter assistant helping you on a very busy evening when your dispenser has phoned in sick?

How can Council decide to bring in mandatory training without first looking at a 'grandfather' exemption for experienced dispensers? Am I to understand that these people, who for years have been assisting in our pharmacies, are to be dismissed if they are unable to undergo formal training for one reason or another?

Come on, members of Council, wake up and take notice! Do your own research first as to how these various issues will be dealt with. How many people need to be trained per pharmacy and what would the total cost be? In a pharmacy employing two to three people to help out at different times at peak periods, does it mean having to spend £2,000 per person?

Yes, it costs £2,000 per head to qualify through the course provided by the National Pharmaceutical Association. The breakdown is as follows: £1,100 is the course fee and on average the dispenser needs three to four hours per week to carry out course work. This means that an average of 160 hours per year are spent on course work: at a rate of £4.50 per hour, this adds a further £720 per year.

Furthermore there are other miscellaneous costs such as travel and subsistence. If one assumes that, on average, only one person per pharmacy needs to undergo training, this means Britain's 12,000 community pharmacies would have to find an additional £24 million. To date, Council has not even found a source to fund £1m let alone £24m!

How can pharmacists' time be released when Council, at a stroke, takes away so much of the resource that pharmacists can call upon at a time of emergency? Furthermore, the wages of a full-time experienced dispenser are likely to be up at least £1 per hour, ie £2,000 per year, once they go on the Society's Register.

Imagine not doing so and losing a dispenser to another pharmacy and not being able to call upon another member of staff for help in an emergency. Contrary to what Council believes, I am of the opinion that pharmacists will have very little time left to carry out other functions in order to promote healthcare.

I am all for training, but not the mandatory training envisaged by Council. Furthermore, the pharmacist is best placed to carry out the training. That way it can be extended to more than one member of staff, as is the case at present. Of 21 members on Council, only nine are from retail. No wonder there is so little awareness of the requirements of community pharmacies.

Fit to practise?

All GPs knew it was coming, now it has arrived and within a short period of time all GPs will have to undergo revalidation. This is a process where all doctors, not just GPs, will have to prove their basic competence to practise.

You would think that this would be a good idea. After all, competent doctors have nothing to hide and incompetent doctors should be weeded out to protect the public. However, looking in more detail reveals possible problems.

The General Medical Council has set itself a tight schedule to introduce this system. It hopes to get it up and running in about two years. This may be tough. The framework of revalidation will involve assessment of a GP's work within his or her practice.

Other aspects which could be looked at include the results of audits and assessment by independently

"Asking GPs to pay for their revalidation is not likely to go down well"

appointed doctors. It has been suggested that this review should occur every five years. If there were a deficiency, then this could be addressed and, in serious cases, a GP could be struck off.

To police these requirements will require considerable time, labour and money. But who is going to pay? The Government has not offered to find the funding. And since this is an exercise in self-regulation, why should it?

However, asking GPs to pay for their own revalidation is not likely to go down well - the cost could be substantial, not to mention the effort and time needed to satisfy the process.

Agencies involved in the process may have different agendas. The BMA, the Royal College of GPs, the General Medical Council and the Department of Health will all want an input. They may not always agree on what is needed or how to deal with a doctor who struggles or even fails.

Despite the fact that revalidation is not popular, there is acceptance of the fact that doctors are no longer held in high esteem. A stream of high profile cases of medical negligence has dented the public's confidence in the profession. If doctors aren't prepared to put themselves up for regular assessment, then someone else less 'doctor-friendly' may do it for them. The end result is another hoop for GPs to jump through, but will it stop there?

By Dr Harry Brown, a GP practising in Seacroft, Leeds.

Xrayser

Topical Reflections

Look beyond the commercial consequences of scrapping RPM

The expected has now happened and resale price maintenance on OTC medicines is set for a full hearing before the Restrictive Practices Court. And the vultures are already gathering ... Steven Round, Superdrug's strategic marketing director, was first off the mark and was relishing the prospect of a drugs price war (*Chemist & Druggist* March 20, p6).

I am confident that the Community Pharmacy Action Group will fight tooth and nail, but in the sterile surroundings of a court of law, I am concerned that academic argument will only deal with the broader issues. The role of individuals and their professional practice will be ignored.

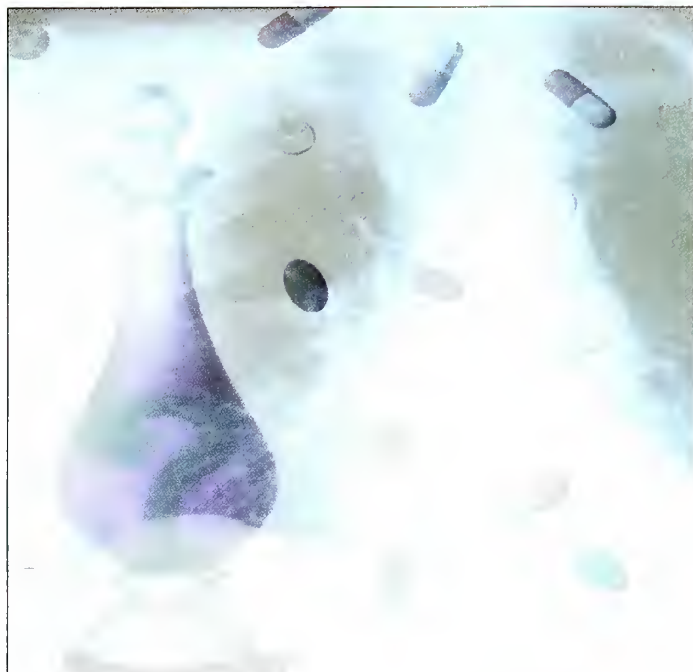
The fate of the profession will not be on trial because this is perceived to be a separate issue. However, I disagree with this hypothesis because the professional priorities that mould my practice are different from those of multiple companies.

I adapt my business to the health needs of my customers and periodically reject business advantage in favour of more professional practice. With multiples the ultimate priority is shareholder profit, and pharmacy is merely a route to that.

The structure of medicines distribution and an extended pharmacy service in the future is inextricably linked to the ownership profile of all community pharmacies.

There is already an inexorable haemorrhage of independent pharmacies to the multiple sector, but this could rapidly accelerate if RPM on medicines is removed. Community pharmacy would then quickly become an even more employee-dominated profession, where company loyalty is paramount.

The professional decisions that the Royal Pharmaceutical Society still has some influence over today would rapidly become secondary to the primary priority of commercial success. From having a lot of choice, the consumer will be faced with the already questionable choice of to which superstore to swear allegiance.



Talk of small pharmacies being supported by the Essential Small Pharmacies' Scheme is pure nonsense on behalf of Superdrug. It has its own agenda, which includes expanding its pharmacy business. The further erosion of independent pharmacy and the abolition of RPM are just tools it is using to achieve that aim.

The pharmaceutical needs of the whole population have never entered the equation, and the so-called 'tax on the sick' is a red herring designed to hide Superdrug's true commercial motives - motives that must now be presented to the Court in all their stark reality.

The grass isn't always greener ...

I had a phone call the other day from Pete, an old friend who used to work for one of the multinationals in its research laboratories. I say 'used to work', because after 20 years, policy has changed and he has been made redundant.

To be honest, Phil is in the depths of despair. Yes, he has his statutory redundancy pay, but with three children still at home, that money is little consolation and it will not last long.

I am unable to see why Pete can't just walk into another job. After all, his employment record is second to

none, but he assures me that the employment market is still very competitive and at his age it can be difficult to find a position.

I might moan and groan about the problems of community pharmacy, but I am my own boss, and as long as my business remains viable I will continue to make a reasonable living.

In the past, Pete has tried to make me spread my wings, sell up the business and work in the industry. "After all", he would say, "every time I see you, you moan about community practice, yet the solution is in your own hands".

Now the boot is on the other foot I feel guilty about all my past tirades. The grass is always greener on the other side, but all life is a risk and deep down I have always enjoyed business. Above all I like being my own boss and being answerable to nobody.

Yes, I work hard and grumble incessantly, but Pete's problems have taught me a salutary lesson. Perhaps I should be a lot more optimistic in public, and grateful that my livelihood, and that of my family, is still reasonably secure.

As far as Pete is concerned, he is presently very down, but, taking his own advice, he could always retrain and return to community practice. After all, I am always looking for a good locum!

Script specials



Adalat LA20 for 24-hour control



Adalat LA20 (nifedipine 20mg) is claimed to be the lowest effective once-daily dose of nifedipine in the UK.

Adalat LA20 provides accurate 24-hour control at the low dose, due to a GITS (gastrointestinal therapeutic system) delivery mechanism. It is expected to help clinicians prescribe the lowest dose effective with minimal side effects, which is expected to be of particular benefit in the elderly.

The basic NHS price of Adalat LA20 is £8.23 for 28 tablets.

Bayer Plc. Tel: 01635 563000.

Protium 20mg for cost-effective maintenance

Knoll has launched a cost-effective, maintenance dose of Protium (pantoprazole), which the company says could save the NHS between £94 and £358 million a year.



Protium 20mg, which will complement the existing 40mg formulation, is licensed for the long-term management and prevention of relapse in reflux oesophagitis. It is also indicated for the treatment of endoscopically-proven mild reflux oesophagitis and associated symptoms such as heartburn, acid regurgitation and pain on swallowing.

Protium 20mg has a basic NHS price of £14.98 for 28 tablets. The cost of maintaining a patient on pantoprazole for a year is £195, compared with £247-£387 for lansoprazole 15-30mg daily or £260-£392 for omeprazole 10-20mg daily. Around 2.6 million patients in the UK are on protein pump inhibitors.

Knoll Ltd. Tel: 0115 9125000.

IN BRIEF

Allergy Week activities

The British Allergy Foundation will focus on five aspects of allergy during National Allergy Week (May 17-21): hay fever, skin allergies, food allergies, allergies in babies and allergies in animals. A patient leaflet 'Allergy Testing - Take Control', sponsored by Pharmacia & Upjohn, will also be available. A nationwide series of 'Allergy masterclasses' for health professionals will kick off on May 5 in Southampton.

The British Allergy Foundation. Tel: 0181 303 8525.

Hismanal discontinued

Janssen-Cilag will be discontinuing Hismanal 10mg Tablets and Suspension (astemizole) from March 30, but sufficient stock will be available to meet demand for about four weeks after that. Janssen-Cilag says the product was discontinued for commercial reasons, but it is confident that there are a sufficient number of alternative histamines available for this not to create difficulties.

Janssen-Cilag Ltd. Tel: 01494 567567.

Phisomed shortage

Sanofi Winthrop is experiencing major production problems with Phisomed (chlorhexidine) but expects to have stock ready for distribution in the last week of April.

Sanofi Winthrop Ltd. Tel: 01483 505515.

Glucometer Esprit price cut

Bayer has indefinitely halved the price of Glucometer Esprit making it available at a retail price of £24.99.

Bayer Plc. Tel: 01635 563000.

Logistics handles Genus

All orders for Genus Pharmaceuticals should now be placed with Healthcare Logistics and not with Wyeth Laboratories as was the previous arrangement.

Ethical Generics Ltd. Tel: 01635 568445.

Clarityn and Nasonex repack

Clarityn (loratadine) and Nasonex (mometasone furoate) are being repackaged with a 'starburst' design for the hay fever season. Nasonex now comes in bottles of 140-doses instead of 120, at the same price.

Schering-Plough Ltd. Tel: 01707 363636.

MEDICAL MATTERS

Higher dose Lipobay on the way

A higher dose of cerivastatin (Lipobay) is expected to be introduced within a few months. Cerivastatin, currently prescribed at doses of 0.1mg, 0.2mg and 0.3mg (once daily), will be available at a dose of 0.4mg once daily. An even higher dose of 0.8mg should be available sometime next year.

The dose extensions were announced by Bayer UK medical director Dr Michael Llewellyn at a symposium in Vilamoura, Portugal. "Efficacy studies on cerivastatin at a dose of 0.4mg (once daily) show a reduction in LDL of 36 per cent," he said. "The Phase III studies of cerivastatin at 0.8mg suggest that a 44 per cent reduction in LDL is possible. Safety studies show that higher doses are comparable with the lower doses, and the mild adverse drug reactions are similar to those of other statins."

Delegates to the symposium, also heard details about a large study which will examine the role of cerivastatin 0.4mg in the primary prevention of stroke. The four year RESPECT study (Risk Evaluation and Stroke Prevention in the Elderly Cerivastatin Trial), will involve at least 10,000 elderly patients (over 65 years of age, with no history of stroke or heart disease).

Smokers duped by low tar labels

Smokers are being duped into thinking that low tar cigarettes are less harmful for them than normal ones. In reality, 'lighter' brands can be just as detrimental since they can produce tar and nicotine levels far higher than is stated on pack.

The Health Education Authority says more than a quarter of smokers questioned believe low tar cigarettes are less harmful than regular brands and this view was more common among young smokers. In practice, more than one in three were choosing

brands carrying the words 'light', 'mild' or 'ultralight'.

The HEA is now calling for these terms to be banned and for tobacco companies to declare all cigarette ingredients and additives. Smokers are being duped into believing that low tar cigarettes are better for them by advertising and packaging, it says.

People may change the way they inhale when they smoke low tar brands by taking deeper or more puffs in order to get more nicotine. In doing this they also get higher levels of tar.

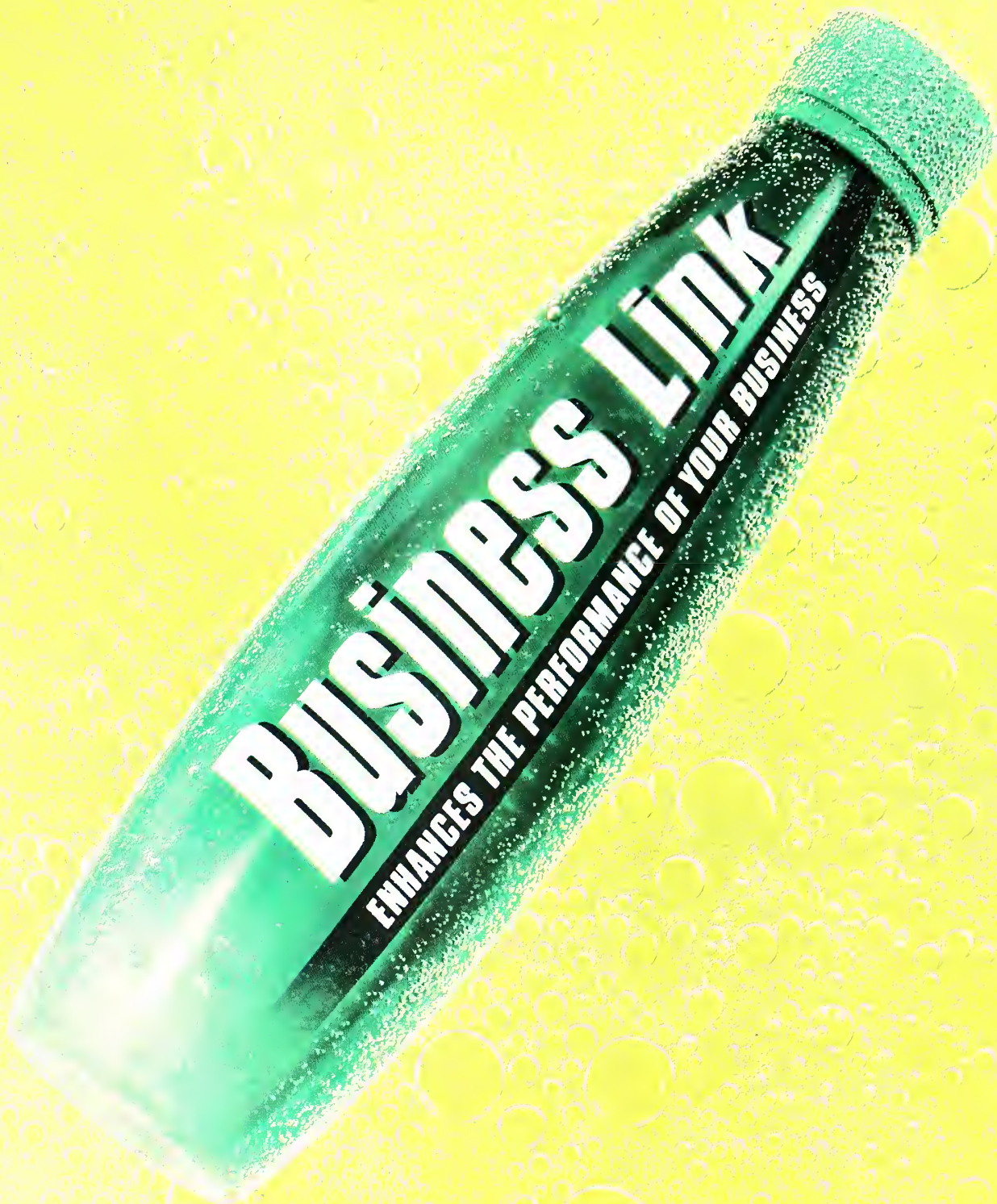
GPs not adhering to BP guidelines

GPs are ignoring guidelines on the prescribing of modified-release antihypertensives and are putting patients at risk, says a survey published in this month's *British Journal of Cardiology*.

The BNF and the National Prescribing Centre recommend that prescriptions for calcium channel antagonists should state the brand to avoid variations in drug delivery, plasma concentrations and side effects. In reality, prescribing of generics was found to be widespread among GPs even for nifedipine and diltiazem.

The survey, conducted by Professor Anthony Heagerty from the

Department of Medicine at Manchester Royal Infirmary, found only 25.3 per cent of GPs consistently specified brand for nifedipine and 34.5 per cent never did, despite the availability of 12 different formulations. For diltiazem, where there are 14 formulations to choose from, only 28.2 per cent always specified brand and 34.5 per cent never did. Ninety per cent of GPs found the range of formulations for calcium channel antagonists confusing. Although the majority of GPs (85 per cent) thought drug formulation was important, 40 per cent did not think there was much difference between formulations.



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Counterpoints



Tattoo plasters to drive kids wild



3M Health Care is launching fun tattoo plasters for children in its first aid dressing range.

3M Protect Strips Tattoo plasters come in seven colourful cartoon style designs - frog, tiger, killer whale, panther, shark, eagle and panda.

Made from a film dressing similar to Tegaderm, the adhesive seals around the pad and helps to prevent infection by forming a barrier to keep bacteria away from cuts, scrapes, burns and blisters.

The waterproof plasters come in a range of sizes to suit a variety of cuts and bruises. Retail price is £1.99.

The launch will be backed by a £250,000 support package, which will include a national advertising campaign targeting mums and children. The campaign will run from May until September.

3M Health Care.
Tel: 01789 473250.

Colgate to brighten up toothpaste sales

Colgate-Palmolive will be launching a new whitening toothpaste with a mainstream price in mid-April.

Colgate Whitening is formulated to offer whitening benefits and is targeted predominantly at 17-34-year-old women. It contains fluoride to protect against cavities and tartar.

With prices of £2.49 (100ml) and £1.49 (50ml), the product is positioned to drive everyday usage of whitening toothpastes.

Colgate-Palmolive expects the new toothpaste to broaden the appeal of the £25.9 million whitening market by attracting new users to the whitening concept.

Dr Helen Blackholly, country manager for Colgate Oral Pharmaceuticals, said: "Whitening pastes have not fulfilled their true potential, primarily because they are used less frequently than other pastes and are not top of mind for consumers when shopping."

Packaging for the product features a silver hologram on the carton and a silver-coloured toothpaste tube.

The launch will be backed by a



£1.6 million support package for the next year. A four week burst of advertising will break in mid-June. The TV commercial is set in a primary school classroom and communicates the whitening and protection messages.

Colgate Oral Pharmaceuticals is relaunching its Fluoridate Daily Rinse from the beginning of April. The move is part of an initiative to revitalise the company's entire specialist rinse range.

The rinse is the third of five products to be presented in new packaging. A new 500ml clear PET bottle incorporates a handy measuring cap, a child-proof closure and clearer usage instructions.

Colgate-Palmolive Ltd.
Tel: 01483 302222.

Forget about pain with Anadin campaign

Whitehall Laboratories is supporting Anadin with a new press campaign this spring/summer.

Building on previous press advertising, the campaign features five new executions on the theme of 'forgetting pain'.

Black and white images show people being able to enjoy their leisure time without everyday pain. The campaign raises the profile of specific ailments, highlighting Anadin as an effective reliever for a variety of aches and pains.

Part of a £3.8 million advertising support package for Anadin this year, the campaign will appear in magazines and supplements aimed at women, men and teenagers.

Whitehall Laboratories Ltd.
Tel: 01628 669011.



NO WONDER ANADIN IS BRITAIN'S MOST POPULAR BRAND OF PAIN-KILLER

Natural aid to healing from GR Lane

GR Lane Health Products is introducing its Tea Tree and Witch Hazel Cream in a 28g tube with new packaging.

The cream combines the cleansing properties of tea tree with the astringent witch hazel, to provide healing, antibacterial action and to help stop light bleeding from wounds.

The product is formulated to help treat minor cuts, insect bites and stings. It can also be used to help clear spots, relieve sunburn, treat chilblains and soothe dry, chapped skin.

Retail price is £2.65 (28g).
GR Lane Health Products Ltd.
Tel: 01452 524012.



Early summer boost for allergy relief

Warner Lambert Consumer Healthcare is supporting Benadryl Allergy Relief (acrivastine) with a £4 million television campaign running from April 9 until the middle of July.

The animated commercials feature a series of colourful illustrations representing each of the key allergy triggers - pollen, dust mites, pets and prickly heat.

This is the first time that advertising for the brand has specifically targeted dust or pet allergy sufferers in this way on TV.

The TV advertising will be supported by a poster campaign in the London area, which will be rolled out during the peak hay fever month of June.

Warner Lambert Consumer Healthcare Ltd.
Tel: 01703 641400.

Have you got the bottle to prevent gum disease?



CORSODYL
Chlorhexidine gluconate

For over 24 years, millions of people throughout the world have been looking to one bottle for the prevention of gum disease.

Extensive clinical trials prove the efficacy of Corsodyl in the treatment of gingivitis and it continues to be the top choice* in the UK.

Known as 'The Gold Standard'™ for gingivitis, it can also be used to treat other oral ailments, including aphthous ulceration and denture stomatitis. So when it comes to an effective mouthwash for preventing gum disease – why settle for anything less? Corsodyl. Tried, tested and trusted.

THE
GOLD STANDARD
TREATMENT FOR GINGIVITIS

Source: Nielsen Pharmacy Mouthwash Data 1998. Corsodyl. Uses. Inhibition of plaque, treatment and prevention of gingivitis, maintenance of oral hygiene, promotion of gingival healing following surgery, useful in the management of aphthous ulceration and oral candidal infections. **Presentation.** Spray and Mint Mouthwash: Clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: Clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: Clear colourless gel containing 1% w/v chlorhexidine gluconate. **Dosage and Administration.** Spray: Apply to tooth and gingival surfaces and ulcers up to 12 actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the tooth with one inch of gel for one minute, once or twice daily. Ulcers, oral candidal infections. Apply directly to sore areas. For gingivitis use for a month. For ulcers, oral candidal infections, use for 14 days after clinical resolution. **Contraindications.** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **Precautions.** For oral use only, keep out

SB SmithKline Beecham
Consumer Healthcare

of eyes and ears. **Pregnancy and lactation.** No adverse events have been reported, and no special precautions are recommended. **Side effects.** Occasional irritative skin reactions. Extremely rarely, generalised allergic reactions to chlorhexidine. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur, usually reversible. Transient taste disturbances and burning sensation of the tongue may occur on initial use of the mouthwash, usually diminishing with continued use. Occasional oral desquamation. Very occasional parotid swelling. **Overdosage.** Systemic effects are unlikely after accidental ingestion or overdosage, however gastric lavage may be advisable. **Product Licence Numbers and Basic NHS Cost.** 'Corsodyl' Spray (0079/0311) 60 ml (OP) £4.10. 'Corsodyl' Mouthwash (0070/0313) 300 ml (OP) £1.93. 'Corsodyl' Mint Mouthwash (0079/0312) 300 ml (OP) £1.93. 600 ml (OP) £3.85. 'Corsodyl' Dental Gel (0079/0314) 50 g (OP) £1.21. Legal Category P. Date of last revision June 1998. Licence holder: SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD. CORSODYL and CORSODYL THE GOLD STANDARD are registered trade marks.

Brush strokes from Wahl

Wahl Europe is introducing a new range of six black hair brushes.

The range comprises a nylon fish bone vent brush, a nylon standard sized brush with removable cushion, a nylon large paddle brush and three heat retaining brushes in 20, 32 and 40mm sizes.

With the exception of the paddle brush, all the models have metal handles with a ribbed, textured finish to provide a firm and comfortable grip.

Each brush has a pierced end on its handle so that it can be hung up when not in use.

Retail prices range from £2.95 to £6.45.

Wahl Europe Ltd.
Tel: 01227 740066.



Synergie skin solutions for oily skin

Laboratoires Garnier is launching a new skincare range for oily and combination skin.

Synergie Pure is formulated for daily gentle, preventative skincare for oily and combination skin, and it includes two emergency treatments for express action against pimples and blackheads.

The key active ingredients are zinc, clay, triclosan, salicylic acid and vegetal glycerol.

The range comprises Deep Pore Wash, Pore Purifying Astringent and Sebum Control Moisturiser, providing a three step daily skincare routine. Retail prices are £3.79 each.

The two emergency treatments - Express Patch (24 per box) and T-Zone Purifying Strip (six per box) - retail at around £5.99 each. These two products will be available exclusively in Boots until September.

Laboratoires Garnier.
Tel: 0171 937 5454.

Active moisturising with Aqua Source

Aqua Source is a new

personal wash range which promises 'active moisturisation' of the skin all day long.

Launched under the Imperial Leather brand, Aqua Source bath and shower products have been designed to clean the skin effectively while moisturising to keep it soft and supple.

The unique moisturising system has a dual action. One set of moisturisers is quickly absorbed by the skin, while others bind with water and remain on the skin after the shower or bath is finished.

The Aqua Source range consists of a Body Wash (£2.99, 250ml); a Body Wash Puff Pack (£3.29); Foamburst Gel (£3.29, 200ml) and Bath Soak (£2.79, 500ml). Aqua Source has a clinically proven mild formulation, suitable for all skin types. It has a pH of 5.5 and a light fresh watery-floral



fragrance.

The distinctive packaging has a blue colouring to suggest water and hydration and to give a unisex appeal.

The Imperial leather logo is prominently featured in silver.

Cussons believes the launch of Aqua Source is an

opportunity for pharmacists to profit from the growth in the personal wash market, which is largely being driven by the shower category and in particular moisturising body washes. The launch is intended to grow the market incrementally by attracting new younger users to the market.

Cussons is supporting the launch of the new range with a total spend of £7 million. A £5m television advertising campaign, which breaks in June, will be complemented by nationwide cinema advertising.

Cussons (UK) Ltd.
Tel: 0161 491 8000.

Don't let the bug out of the can!

Baylis & Harding is launching a novel bubble bath designed to appeal to children.

Planet Bugs Millennium Bubble Bath comes in a brightly coloured can with a bug inside. It is sold with the message - 'Don't let the bug out of the can'.

The product comes in four colours - purple, blue, green and red (rsp £1.99, 275ml).

Midland Cosmetic Sales plc.
Tel: 0121 359 0099.



Natural way to slow hair regrowth

Visage International is launching a natural product which is claimed to slow down unwanted hair regrowth.

Surgi-Hair Stop was originally developed in the US for use in the professional and medicinal market.

The product is designed to boost the benefits of home or salon hair removal treatments and to make eventual regrowth weaker, finer and

less visible. It is a light, non-greasy cream containing fruit enzymes.

According to the manufacturer, tests show a 49 per cent reduction in hair growth after regular use of the product (American International 12 week controlled study, 1996).

Retail price is £9.50 (75ml).
Visage International Ltd.
Tel: 01206 862762.

Livostin™ Direct Nasal Spray and Eye Drops Product Information
Presentations: White sterile microsuspensions as eye drops or nasal spray containing levocabastine hydrochloride equivalent to 0.5mg/ml levocabastine. **Uses:** Selective antihistamine product indicated for the symptomatic treatment of seasonal allergic rhinitis and conjunctivitis. **Dosage and administration:** Adults and children 12 years and over. Eye drops: 1 drop per eye, twice a day, may be increased to 1 drop per eye 3 to 4 times daily. Nasal spray: 2 sprays in each nostril twice a day, may be increased to 3 sprays per nostril 3 to 4 times daily. Treatment should not be continued for more than 4 weeks in any one hayfever season. **Contra-indications:** Hypersensitivity to any of the ingredients. Patients with significant renal impairment. **Precautions:** Oral antihistamines should not be used in addition to the eye drops and/or the nasal spray without the advice of a doctor or pharmacist. Do not wear soft contact lenses during treatment with the eye drops. Do not exceed the stated dose. For external use only. Eye drops storage: store below 25°C, use within one month of opening, shake well before use. Nasal spray storage: store below 30°C, shake well before use. **Use in pregnancy and lactation:** Should not be used during pregnancy. May be used during lactation. **Driving and use of machinery:** Sedation rarely reported during concomitant use of the eye drops and nasal spray. Excess alcohol should be avoided. **Side Effects:** Local irritation. Eye drops: blurring of vision, eye oedema, urticaria, dyspnoea and headache. Nasal spray: headache, fatigue and somnolence. In post marketing experience, allergic reactions have been reported for the nasal spray. **Overdose:** Unlikely following topical use. In accidental oral ingestion supportive measures should be taken. **Legal Category:** P. **Product Licence No:** PLO242/0151 (eye drops) PLO242/0152 (nasal spray). **Packaging quantities/price:** Eye drops: 30 bottle £5.75 Nasal spray: 5ml bottle £5.75. **Date of preparation:** February 1999. **Full prescribing information available from licence holder Janssen-Cilag Ltd, P.O. Box 7, Saunderton, High Wycombe, Buckinghamshire, HP14 4H. Distributed by:** J&J. MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks. HP10 9UF.

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NEW *LivostinTM* *direct*

*Works in
minutes -
lasts for
hours*



Now, there's no faster hayfever remedy available than LivostinTM Direct. A new, topical OTC preparation that is available as eye drops and a nasal spray, LivostinTM Direct works on contact, providing measurable relief of nasal and eye symptoms in just minutes^{1,2}.

Not only is LivostinTM Direct fast, but one dose offers lasting relief for up to 12 hours^{3,4}; making it an excellent

alternative to oral antihistamines and other topical treatments. Equally important, LivostinTM Direct can be used immediately in response to symptoms.

You simply cannot recommend a faster hayfever solution than LivostinTM Direct, and, with all the commercial support you'd expect from a Johnson & Johnson MSD pharmacy switch, why consider anything else?

Call now for a copy of our full pharmacy education pack on our

HOTLINE 0800 200252

Only available through pharmacies. Further information is available from:

Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF. Tel: 01494 450778

Johnson & Johnson • MSD
CONSUMER PHARMACEUTICALS

IN BRIEF

Beauty and the bump

Beautiful Bump is a new range of four skin and haircare products developed to cater for women's changing requirements during pregnancy. The range comprises Stretch Mark Cream, Blissful Bubbles, Quick Mossage Gel and Energizing Shampoo. Retail prices range from £9.95 to £14.95.

Beautiful Bump Ltd.
0171 471 4747.

Bathe in Cacharel

Prestige & Collections will be introducing a bath line in its Cacharel range on May 1. Perfumed body products will include Starburst Body Lotion (trade price £9.04, 200ml), Shower Gel (trade price £7.71, 200ml) and Deodorant Spray (trade price £6.38, 150ml).

Prestige & Collections Ltd.
Tel: 0181 979 6699.

Worth knowing

A&G Imports is the new UK distributor for Worth Fragrances. The Worth range comprises Je Reviens, Miss Worth, Worth Pour Homme and Monsieur Worth.

A & G Imports Ltd.
Tel: 01494 712505.

Oral advice

Warner Lambert will be educating consumers about oral care on the Listerine stand at this year's Cosmopolitan Show from April 30 to May 3. Dental hygienists will be on hand to explain the importance of a three step oral care routine.

Warner Lambert Consumer Healthcare.
Tel: 01703 641400

Easter bonus

FotoStop Express is running an Easter promotion for customers using its One House Photo Service. Customers will receive a free Cadbury's Creme Egg in addition to a free FotoStop film and a free enlargement. A special retailer kit comprises four counter packs of Cadbury's Creme Eggs plus posters and counter cards.

FotoStop Express Ltd.
Tel: 0181 769 5252.

Free samples for mums to be

ET Browne will be targeting pregnant women with samples of its Palmer's Cocoa Butter Formula Mossage Cream for Stretch Marks over the next six months. The sampling activity will be supported with an advertising campaign in parenting titles.

ET Browne UK Ltd.
Tel: 0171 554 7000.

Braun sends baby food into a whiz

Braun is launching a new hand blender set to help parents prepare fresh baby foods at home.

The Braun MR 440 HC Multiquick Baby Set centres around the Braun 250 watt Multiquick hand blender which purees food to a smooth consistency.

Included in the set is a small chopper attachment which is designed specifically for small

quantities, and two motorised milk stirrers for lump-free formula milk.

The set also contains a Chicco branded baby bottle, a funnel for easy filling into bottles, a baby bottle cleaning set and a transparent calibrated beaker.

The set comes complete with a wall bracket. Retail price is £29.99.

Braun (UK) Ltd.
Tel: 0870 6085555.



Major advertising for Tixymol this spring

Novartis Consumer Health is backing its Tixymol paediatric analgesic with a major support package this spring.

The programme will include a £1 million TV advertising campaign running until May.

In addition, a £300,000 campaign will appear in the national press and parenting magazines. The advertising features the message 'specially made for children'.

Pharmacy PoS material for Tixymol includes shelf edge strips, show cards,

counter units, children's wall charts and training sheets which feature a competition for pharmacy assistants.

Novartis Consumer Health.
Tel: 01403 210211.



Show a leg – but make it a Pretty one

Pretty Legs has launched a new luxury hosiery range.

Pretty Legs Body Shaping Control Tights, Crystal Gloss Tights and Lace Top Hold Ups, all with Lycra, are designed to provide superior fit, fashion and comfort.

All the products are available in

medium and large sizes and two colours – natural and nearly black.

A new softer image for the range is reflected in the packaging. New eye-catching display stands are available.

Pretty Legs.
Tel: 0116 253 2200.

Aquafresh Active blasts into action

SmithKline Beecham is backing its Aquafresh Active with Actisan toothpaste with a national advertising campaign this spring.

The campaign focuses on three therapeutic claims – 'fights 99 per cent of harmful bacteria', 'reduces plaque by up to 50 per cent', and 'makes gums up to 25 per cent healthier than before'.

A £1.7 million TV campaign will run across all regions until mid-May. In addition, a £500,000 campaign will run for three months in the women's press.

SmithKline Beecham is also supporting its Purrflex children's toothbrush with a £600,000 two-month TV campaign.

An animated TV commercial features a cartoon cat which wraps itself around the toothbrush.

SmithKline Beecham Consumer Healthcare.
Tel: 0181 560 5151.



ON TV NEXT WEEK

Deflatine: All areas

Equilon & Equilon Herbal: C, Sat

Kwai Garlic: G, Y, HTV, M, TT, C4, TSW

Nicorette: All areas

Propain: B, G, Y, M, LWT

Shockwaves: All areas

A Anglia, B Border, C Central, C4 Channel 4, C5 Channel 5, CAR Carlton, CTV Channel Islands, G Granada, GMTV Breakfast Television, GTV Grampian, HTV Wales & West, LWT London Weekend, M Meridian, Sat Satellite, STV Scotland (central), TT Tyne Tees, U Ulster, W Westcountry, Y Yorkshire



THIS SUMMER, WE'VE BEEN REALLY BOLD. WE'VE PUT ZIRTEK ON TV.

This year's Zirtek promotion will be spearheaded by high profile TV advertising and sponsorship of GMTV's pollen forecast. There'll also be a wide-reaching consumer press campaign and eye-catching in-store point of sale materials. As well as extensive promotion to GPs.

With a total marketing spend of £2million behind Zirtek, you won't miss this year's thrust. Nor will your customers. So make sure you're ready. Make sure you're stocked up.



MAKES LIGHT OF HAYFEVER

ZIRTEK ALLERGY

PRESENTATIONS: White, oblong, scored, film-coated tablet engraved Y/Y containing 10mg cetirizine hydrochloride.

USES: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.

DOSAGE AND ADMINISTRATION: Adults and children aged 12 years and over:

10 mg once daily. In renal insufficiency halve the dose to 5 mg ($\frac{1}{2}$ tablet) daily.

CONTRAINDICATIONS: Hypersensitivity to constituents. Avoid use in pregnancy and lactation. **PRECAUTIONS:** Do not exceed recommended dose, particularly if driving or operating machinery.

DRUG INTERACTIONS: To date there are no known interactions with other drugs. As

with other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported.

PACKING, PRICE: Pack of 7 tablets = £4.25.

LEGAL CATEGORY: P

PRODUCT LICENCE NUMBER: Tablets 5221/0001.

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD1 1DJ

Date of preparation: December 1998
UCB-Z-99-04



C&D asks market analyst Information Resources to spotlight OTC categories that are performing well in pharmacies

Marketwatch: OTC products

After a year of significant growth in the chemist sector, hay fever remedies currently lead the fastest growing OTC categories, up 29 per cent overall and 27 per cent in chemists.

Seasonal sales

However, there is a more seasonally relevant category which is also showing strong growth across all outlets. Cold and flu decongestants have accounted for nearly £147m in sales for the past year, with almost £100m going through chemists.

Within this prosperous area, several brands have grown well above the category average. Sales of Reckitt & Colman's Lemsip Max Strength have more than doubled since last year, up from £1.8m to £4.3m in the chemist sector.

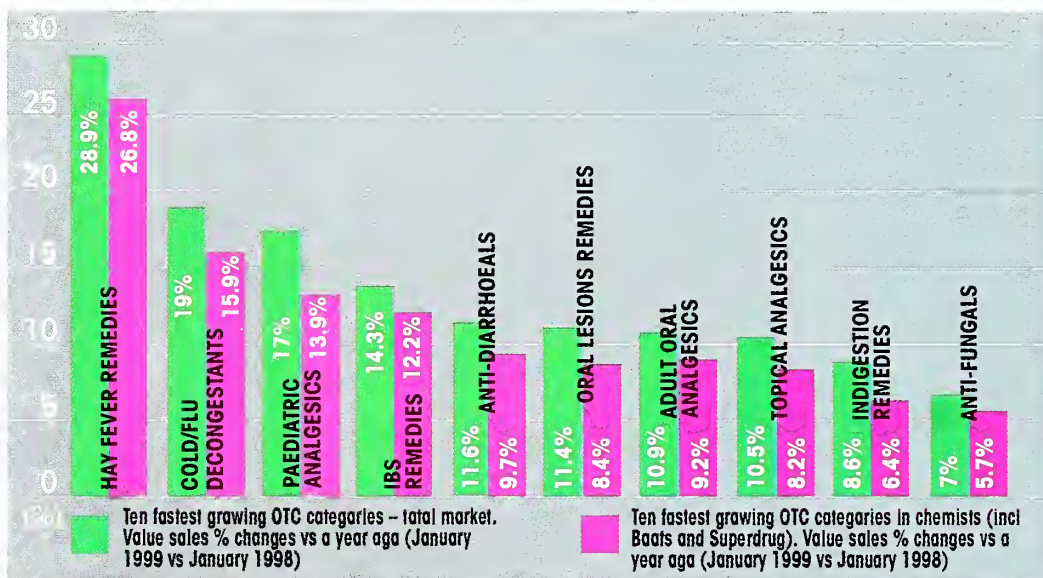
Both the capsule and powder variants have been growing strongly. Lemsip is now leading cold and flu decongestants across all sectors.

SmithKline Beecham has remained a major force, with 1998 a good year for Beechams Flu Plus and Beechams Warmers. Beechams Flu Plus has grown

Top ten OTC brands

| | |
|--------------|----------|
| 1 Seven Seas | £58,708k |
| 2 Nurofen | £48,069k |
| 3 Anadin | £33,447k |
| 4 Benlyn | £30,455k |
| 5 Calpol | £27,933k |
| 6 Lemsip | £27,861k |
| 7 Beechams | £27,374k |
| 8 Sanatogen | £26,699k |
| 9 Solpadeine | £26,467k |
| 10 Rennie | £23,737k |

Source: Information Resources 52 weeks to January 24, 1999 (total brand value sales)



by 75 per cent in chemists, while Beechams Warmers had sales in excess of £1.5m - an increase of 160 per cent.

Day Nurse is another steadily growing brand for SB and is now complementing sales of Night Nurse.

Nurofen Cold & Flu (Crookes Healthcare) has also performed well (+20 per cent), using its brand loyalty from analgesics to good effect.

Child benefit

Paediatric analgesics are dominated by Warner Lambert's Calpol range which holds a 74 per cent share of this £37.8m category. By far the biggest brand is Calpol Sugar Free (£12m with £10m in chemists), although more expansive growth has come from Calpol Original and Calpol Six Plus.

Dispol Junior (Reckitt & Colman) has sold steadily across all outlets but is less strong in chemists where Nurofen for Children has enjoyed a

The chart (above) may not show the biggest OTC categories, but by looking at growth rather than absolute sales volume, it is possible to detect trends and, most importantly, to see which categories do best in chemists. Growth is shown as the percentage increase in value sales for each category in the 52 weeks ending January 24, 1999, compared to the same period a year ago.

good ten months since its launch. With sales fast approaching £1m, Crookes has again successfully extended its Nurofen branding.

From small beginnings

Irritable bowel syndrome relief products continue to grow. With sales almost exclusively going through chemists, the category is now worth £4m. The leading brand is Colpermin (Pharmacia & Upjohn), although it is showing a slight decline both in chemists and across all outlets, possibly due to the emergence of some newer remedies.

Chefaro's Equilon, and more recently Equilon Herbal, are the most dynamic brands of the past year while

Solvay Healthcare's Colofac is closest to threatening Colpermin's top spot.

Key pharmacy area

The adult oral analgesics market is one of the largest and fastest growing OTC categories with chemists accounting for two-thirds of all sales.

Solpadeine Soluble (SmithKline Beecham) is the biggest selling sub-brand and is a significant player with annual sales of £18m, up 7 per cent on the same period a year ago.

Nurofen Plus has also contributed, with 26 per cent growth and sales are now almost £11m. Other growing brands are Seton Scholl Healthcare's Syndol (+13 per cent) and Cuprofen Maximum Strength (+62 per cent).

Mesalazine (ASACOL)

SmithKline Beecham plc hereby notifies parallel distributors that it is the proprietor of UK patents rights relating to enterically-coated mesalazine and of the UK registered trade mark **ASACOL** but does not own or otherwise have an interest in the equivalent patent rights relating to mesalazine in other European Union countries or in the trade marks under which mesalazine may be marketed in other European Union countries.

The parallel importation into the United Kingdom of mesalazine tablets coated with a 60 to 150 micron layer of an anionic polymer sourced from other European Union member states will result in infringement of SmithKline Beecham's UK patent rights and, if sold under the name **ASACOL**, will result in the infringement of their UK registered trade mark, since such product placed on the market outside the UK will not have been placed in these markets by or with the consent of SmithKline Beecham. SmithKline Beecham wish it to be known that in the event of such parallel importation it will enforce all its relevant intellectual property rights including patent and trade mark rights.

Who can offer a unique formulation that's No.1 for sweat rash?



Hydrocortisone
Canesten can.

Canesten Hydrocortisone has a unique OTC formulation to effectively treat sweat rash. Whilst hydrocortisone quickly and safely soothes the inflamed, itchy skin,

clotrimazole treats the underlying fungal and bacterial infection. So it's not surprising that the No.1 recommendation for sweat rash is Canesten Hydrocortisone.*

Canesten® Hydrocortisone
Clotrimazole 1% & Hydrocortisone 1%

Abridged Product Information for Canesten Hydrocortisone. **Presentation:** Canesten Hydrocortisone cream containing 1% clotrimazole and 1% hydrocortisone. **Uses:** Athlete's foot and candidal intertrigo where co-existing symptoms of inflammation require rapid relief. **Dosage and Administration:** Apply thinly and evenly to affected area twice daily and rub in gently. **Contra-indications:** Use on face, eyes, mouth or mucous membranes; broken or large areas of skin; cold sores or acne; for treatment periods longer than seven days; hypersensitivity to ingredients. Do not use in the following unless prescribed by doctor: children under 10 years; pregnancy and lactation; on ano-genital area, to treat ringworm or secondarily infected skin conditions. **Warnings:** Long-term continuous therapy to extensive areas of skin should be avoided. Avoid covering treated area with tight dressing. **Side-effects:** Local mild burning or irritation. Very rarely, patient may find irritation intolerable and stop treatment. Hypersensitivity reactions. **Legal Category:** P. **Package Quantity and Cost Price:** 15g tube, £4.49. **Product Licence Number:** PL 0010/0216. **Further Information Available From:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 1JA. **Date of Preparation:** March 1999.

*Taylor Nelson Pharmacy Omnibus, October 1998.

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Will sunscreens in the new millennium be able to guarantee protection against skin cancer and photo-ageing? Skin photobiologist **Dr Antony Young** PhD throws light on the latest sunscreen developments

Sunscreens beyond 2000



Sunlight contains ultraviolet radiation (UVR) which is the cause of the painful sunburn that most white-skinned people will have experienced after too long on the beach or even in the garden.

Sun and skin cancer

Apart from sunburn, it is now well recognised that solar UVR is the main cause of skin cancer and the apparent acceleration of skin ageing on habitually sun exposed sites (so called photo-ageing).

As with sunburn, fair-skinned people who tan poorly (skin types I & II), are at greatest risk of this second most common type of cancer in the UK.

Sunscreens are designed to prevent sunburn and today's cosmetically appealing products are very effective if used properly. These products contain chemical filters that absorb UV rays. Many formulations also contain micronised pigments that deflect UVR away from the skin.

Products are labelled by their sun protection factor (SPF), however, in practice, protective power may be reduced by people applying sunscreen more sparingly than under the controlled conditions of the SPF testing laboratory.

Although SPF is an indicator of short-term protection, sunscreens are widely advocated as a means of reducing the long-term effects of solar exposure such as photo-ageing and skin cancer.

This advice is largely based on extrapolation from animal studies rather than hard human data. It is very difficult to evaluate a sunscreen's ability to inhibit effects that may take several decades to appear.

Several epidemiological studies have been published with mixed results - some even showing a positive correlation between sunscreen use and malignant melanoma (the most dangerous type of skin cancer). It is difficult to know if these observations are 'real' or if

they are due to confounding factors. For example, it is possible that sun-sensitive people at greatest risk of skin cancer are more likely to use sunscreens.

It has also been suggested that sunscreen use may increase skin cancer risk by encouraging people to stay in the sun for longer.

There is increased understanding of the molecular and cellular events that lead to non-melanoma skin cancers that account for the majority of skin cancer. Gene mutations that result from UVR-induced DNA damage to skin cells are clearly important.

There is also good evidence, at least from experiments, that UVR-induced suppression of immune function is important. Both these endpoints are short-term and may be considered as possible surrogates for skin cancer. As such, they may be considered to have the potential to assess a sunscreen's ability to protect against skin cancer.

Failure to protect against short-term surrogates is likely to suggest

failure to protect from long-term effects, but photoprotection from such surrogates does not necessarily mean comparable protection from the long-term effects.

Sun protection factors

UK Solar UVR contains no more than about 5 per cent UVB and no less than about 95 per cent UVA. However, it is the UVB content that is responsible for 80-90 per cent of a sunburn. This means sunscreens cannot work unless they are good UVB blocks, although most UK sunscreens now contain good UVA protection as well.

The SPF is determined by assessing individual sensitivity to sunburn by solar simulated radiation (SSR) with and without sunscreen. This assessment of sensitivity is made by evaluating the lowest dose of SSR that will cause just perceptible redness 24 hours after exposure and is called the minimal erythema dose (MED).

SPF is a ratio calculated from a very simple formula:

MED plus sunscreen
MED without sunscreen

Assuming that sunscreens work by optical filtration, an SPF of 10 allows 10 per cent of the sunburning UVR through to the skin. However, the relative proportions of UVA and UVB transmitted by the sunscreen will depend on the specific UVR absorption properties of the formulation.

The ability of sunscreens to protect against non-sunburn endpoints that may be important in skin cancer will depend on several factors, including whether the level of protection given is comparable to that for erythema.

The wavelength dependency for human sunburn is well established, but we lack direct human data for the wavelength dependency of any other effect with the exception of skin DNA damage. Even relatively small differences in wavelength dependency could have large effects. Sunscreens with a flat absorption profile (absorbing equally throughout the solar UVR range) would, in theory, eliminate any effects of wavelength dependency.

The SPF an assessment of protection from a single exposure, is based on MED which is the threshold dose for a clinical effect. Long-term effects are caused by multiple repeat low dose exposures which are likely to have cumulative effects unless there is complete tissue/system repair between exposures.

This is unlikely, as even with erythema in skin types I/II, daily sub-erythral exposure gives sunburn after a few days. The accumulation of damage from sub-erythral exposure is likely to have an adverse effect on long-term protection factors. We know little about the relationship between acute and long-term protection.

DNA photodamage

There is surprisingly little data on the ability of sunscreens to inhibit UVR-induced DNA damage in human skin. Published studies to date have either made no attempt to determine a DNA protection factor or have used inappropriate UVR sources.

We are currently studying the ability of sunscreens to prevent SSR-induced DNA damage in human skin *in situ*. Using two sunscreens with very different UVR absorption profiles, but with the same SPF of 4, we tested the assumption that DNA protection factor = SPF.

This was done by comparing the levels of DNA damage (thymine dimers) in skin sites exposed to 1MED SSR without sunscreen and 4MED SSR with each sunscreen. There was no difference in the amount of DNA damage in the sunscreen or non-sunscreen treated sites, providing good evidence that SPF is a good indicator of protection from DNA photodamage.

This observation is supported by

recent data from the author's laboratory which showed that the wavelength dependencies for human sunburn and epidermal DNA damage are the same in the solar UVR range.

A review of literature over the past few years shows no clear answer as to whether sunscreens protect against UVR-induced immunosuppression. It is probably fair to say that most studies, which have been done in mice, have shown that sunscreen protection from immunosuppression is less good than would be predicted from SPF, but many of the studies in question have serious design flaws.

We have focused on designing human studies to evaluate sunscreen protection of immunosuppression. These studies have shown that, in sun-sensitive skin cancer prone skin types I/II, a single exposure of 0.25MED is highly immunosuppressive, clearly showing that protection from erythema is not necessarily indicative of protection from immunosuppression.

Active sunscreens

Today's sunscreens work passively by reducing the amount of UVR that reaches the skin. Some products contain antioxidants that may help to reduce damage induced by sunlight-induced reactive oxygen species, but the benefit is largely speculative.

An expected development is the addition of agents that protect the skin from specific types of UVR-induced damage that relate to long-term risk. These could include antioxidants and DNA repair enzymes.

Today's sunscreens give only passive protection from sunburn. The next logical development is assured protection against long-term effects such as skin cancer and photo-ageing. Products within the next decade should be able to meet this challenge. *Dr Young is engaged in research on the protective effects of sunscreens at the Department of Photobiology, St John's Institute of Dermatology, St Thomas' Hospital in London.*

Definitions

UVR: Ultraviolet radiation - electromagnetic radiation with wavelengths ranging from 200-400 nanometres (nm).

UVB: Mid-wave UVR with wavelengths ranging from 280-320nm. Solar UVB is from about 295nm onwards because of filtering by the ozone layer. Short wavelengths less than 280nm are called UVC and are completely blocked by the ozone layer.

UVA: longer wave UVR with wavelengths from 320-400nm.

MED: minimal erythema dose: the amount of UVR needed to induce sunburn 24 hours after exposure.

SPF: Sun protection factor: the level of protection that a sunscreen gives against erythema (sunburn).

Burning issues

Most people know the dangers of sun exposure but are reluctant to change their behaviour in the sun. As Sarah Thackray discovers, there is still a widespread feeling that the benefits of sunbathing outweigh the risks

The warmth of the sun can be one of life's great pleasures. The recent burst of glorious spring sunshine had a positive effect on morale -

making us feel happy, relaxed and glad to be alive. In Britain, we feel starved of sunshine and warmth for so much of the year that when the opportunity does arise to spend time in the sun, either at home or abroad, most of us jump at the opportunity.

Evidence suggests that people are spending an increasing amount of their leisure time outdoors and it's likely that the climate in the new millennium will encourage people to spend even longer in the sun. By 2100, the average annual temperature in the UK will have risen by 3 deg C, according to predictions by the UK Climate Impacts Programme.

Research also shows that the number of overseas holidays taken by people in the UK has increased dramatically. If this trend continues, it is predicted that around 40 million overseas holidays will be taken by the year 2015. And, with most holiday-makers travelling to sunnier climes, the demand for sun protection looks set to increase.

Even in these days of rising skin cancer incidence, concerns about ozone depletion and increased public awareness of the dangers of over-exposure, people continue to sunbathe. However, consumer attitudes are slowly changing as people become more aware of the long-term risks associated with sun exposure.

Children and young people are an important target group for sun protection messages as evidence suggests that excessive exposure in this age group significantly increases the risk of skin cancer later in life. Six serious bouts of sunburn as a child can double the chances of contracting skin cancer. It has been estimated that if children used adequate sun protection up to the age of 18, then cases of melanoma could be cut by a dramatic 70 per cent.

Skin cancer facts

There are more than 40,000 new cases of skin cancer reported every year in the UK, with over 2,000 deaths - and it's on the increase. The Government is so worried about the growing number of skin cancer cases that it has set a target to halt the increase by the year 2005. The cause of skin cancer is nearly always over exposure to ultraviolet radiation yet four out of every five cases of skin cancer are preventable.

It's not unusual to have some moles or freckles. However, if moles change shape or colour, become bigger, itchy, inflamed or weep or bleed, it may be a symptom of skin cancer. Any of these symptoms should be checked by a doctor. Although most skin cancers are treatable, treatment normally involves surgery which can be painful and disfiguring.

There are two main types of skin cancer. These are described below.

Malignant melanoma

This is the most dangerous form of skin cancer. It can spread rapidly but if caught and treated early enough, the chances of survival are good. Melanomas are most common among sun sensitive people who spend most of the year indoors and then take a fortnight's holiday in the sun. Malignant melanomas are very rare in naturally dark skinned people.

- There are over 4,000 new cases in the UK every year.
- The number of new cases has more than doubled since 1974.
- They are around 60 per cent more common in women than men.
- They affect young adults as well as older people.

Non-melanoma

This is far more common and generally a less dangerous form of skin cancer than melanoma. It is nearly always curable. Non-melanomas are thought to be related to overall lifetime exposure to the sun which is why they occur mainly in

Continued on P20 →

→ Continued from P19

elderly people. People with naturally dark skin are less likely to develop non-melanoma skin cancers than people with white skin.

- There are an estimated 36,000 new cases in the UK every year.
- The number of new cases has almost doubled since 1974.
- There are almost 500 deaths every year.
- They affect men and women equally.
- They are usually found in the over-60s.

High risk customers

Although 90 per cent of the UK population are aware of the risks associated with sunbathing, three-quarters of young women still actively seek a suntan every year, according to DoH research. Women aged 16-24 still find a tan glamorous, and there is increasing evidence that girls as young as 12 are actively seeking a suntan – more than 60 per cent of 12-15-year-olds try to get a tan every year.

Young women are one of the 'high risk' target groups in the Health Education Authority's (HEA) 1999 skin cancer awareness 'Sun Know How' campaign. The other targets for this year's campaign include young men, outdoor workers, parents and children aged six to 12. The HEA has identified these groups as being the most vulnerable to skin cancer because of their behaviour in the sun.

Christopher New, HEA skin cancer campaign manager, comments: "We are targeting high risk groups with a much more hard hitting campaign than in recent years. We know that young men and women are aware of the dangers of the sun but still regard a suntan as attractive, and it makes them feel healthier. This year's resources use glamorous images of suntans that people will relate to, but this is contrasted with the potential result of over exposure – skin cancer and disfigurement."

This year the HEA has linked up with retailers of sun protective clothing to highlight the importance of keeping young children out of the sun. Ninety per cent of parents still consider sunscreen to be the most effective way of avoiding sunburn but this year's HEA campaign will highlight the importance of covering children up with clothing.

Nearly half of parents still think that children look healthier with a suntan and this attitude has contributed to the rise in the number of children suffering from sunburn which stands at 20 per cent a year, according to DoH research. This figure increases as children get older.

Dermatologist Dr Meg Price stresses: "One of the messages we

need to get across to parents is that excessive exposure to the sun when you are a baby or young child will build up problems later in life." She urges parents to take care of their children in the sun, not because the youngsters are going to get cancer as a child but because of the risk of cancer later in life.

The HEA has chosen Sesame Street's popular Elmo character to spearhead its children's campaign this year. In a new poster and postcard, Elmo is seen adopting all five of the Sun Know How campaign's messages:

- shift to the shade around midday
- take care not to burn
- cover up and wear a hat
- use a high factor sunscreen on exposed skin
- take special care of babies and children.

Concerned about the increase in skin cancer, Dr Price warns: "This increase is going to continue unless people are more responsible ... in the sun. By reducing their exposure to the sun, they are going to greatly reduce their risk of getting skin cancer. I think that people are aware of the dangers of the sun, but the great problem is that if it's a bad news story, you always think it will happen to someone else!"

Although there is still a long way to go, considerable achievements have been made in changing public knowledge and behaviour in the sun over the past five years. People's attitudes and behaviour in the sun are reflected in the HEA's Health Education Monitoring Survey which shows that the number of people using a sunscreen of SPF15 or above rose from 61 per cent in 1996 to 71 per cent in 1998.

Sunscreens

All sunscreens sold in this country carry an SPF on the front of the bottle as a measure of the amount of UVB radiation the product allows through.

The SPF rating may range from 2 to 30 or higher. Laboratoires Garnier has two SPF60 products in its Ambre Solaire range to totally screen sun-intolerant skin. In Japan, a product claimed to contain SPF123 is on sale!

Unfortunately, these high SPFs can lead to a false sense of security rather than encouraging consistent reapplication of sun lotion.

In Australia, no SPF higher than 30+ is legally allowed to be sold because the Australian Government doesn't want people to believe that they can spend long periods of time in the sun.

SPF labelling of suncare products in the EU is divided into four categories:

- 2 to 5 – low protection
- 6 to 11 – moderate protection
- 12 to 19 – high protection
- 20 or higher – very high protection

The SPF system is well known but poorly understood by the public and extremely high SPFs are compounding

the confusion. Although people think they understand the SPF system, HEA research shows that 43 per cent of people find it too technical or confusing. Although consumers are aware of SPFs, they have a comparatively low understanding of UVB/UVA rays.

The results of over-exposure to UVB rays are obvious and can be very painful with sunburn. However, people are less aware of the damage of UVA rays because it can't be seen in the short term. Dermatologists are particularly concerned about UVA rays which penetrate deep into the skin, accelerate premature skin ageing and can cause long-term skin damage.

Suncare manufacturers use various ways of measuring protection against UVA radiation. The most common is the star system which gives the ratio of UVA to UVB protection. If a product gives an equal level of UVA and UVB protection it has a maximum four star rating. Again, the star system is poorly understood by the public.

The HEA recommends that consumers always choose a sunscreen with an SPF of 15 or above and three stars or more. It also stresses that people should not rely on a sunscreen alone and should limit the length of time they spend in the sun.

Pharmacists can play a key role in the consumer's selection process. Consumer research shows that 66 per cent of people feel it is important to be able to get good advice when buying suncare products.

According to a recent study conducted by Boehringer Ingelheim, there is a high level of consumer awareness of SPF rating. The research shows that 74 per cent of people have heard of SPF rating and 61 per cent know that SPF stands for sun protection factor. In contrast, however, only 10 per cent of adults are aware of the UVA star rating.

Most people apply sunscreens too thinly and generally end up with less protection than the SPF on the bottle suggests. Sunscreens should be applied thickly and evenly over all exposed areas.

The suncare market

Although the suncare market is being driven by greater awareness of the need for sun protection, growth was held back last year by poor summer weather in the UK.

Although the number of sun protection products sold increased from 12.5 million units in 1997 to 12.8 million units in 1998, the value of the market fell from £82.7 million to £80.4m during the same period (to November 1998). Ambre Solaire is the market leader, followed by Nivea and then Piz Buin, Uvistat and Johnsons (Information Resources [IR], January 1999).

Lotions/milks dominate sun protection sales with 76.4 per cent of

the market, while creams have fallen to 8.9 per cent, and oils now only account for 4.8 per cent of the market. Lotions are popular with consumers who reapply products frequently and are trading up to bigger volume bottles.

This year, both the Ambre Solaire and Nivea range includes new light spray formulations which have been developed for convenient, easy application (although tests by C&D staff have proved they are not ideal in windy conditions!).

Some eyebrows have been raised by Beiersdorf's introduction of an SPF2 product as one of the variants in its new Sun Spray range, which is targeted at a younger market than the core Nivea Sun user. The rationale behind this launch is apparently that there are still a lot of people, especially men, who don't use any sun protection at all and the application of SPF2 is better than nothing.

Generally, there has been a massive increase in sales of top SPFs with high factor SPF30+ being a key growth area as consumers become more aware of the need for greater protection. In terms of SPF trends, factors 0-15 still generate 55 per cent of total suncare category sales.

The children's suncare sector is growing ahead of any other suncare category. Ambre Solaire Kids, Nivea Children's, Malibu Kids and Johnsons Kids & Baby all grew in value last year. Sales in the sports category are down by 10.4 per cent and Beiersdorf has delisted its Nivea Sport range.

The after sun market grew from £14.6m in 1997 to £14.9m in 1998 (to November 1998). Ambre Solaire is the market leader, followed by Nivea and then Piz Buin, Banana Boat and Malibu (IR, January 1999).

The fake tan market is comparatively small as part of the overall suncare market. Nevertheless, this £8m category continues to enjoy a healthy growth of 2 per cent (AC Nielsen 1998). Ambre Solaire is brand leader, followed by Piz Buin and then Vichy, Coty Sunshimmer and Yardley (IR, January 1999). Laboratoires Garnier predicts that this market will grow in line with the trend for a more natural, sun-kissed look rather than an overt tan. The company's research highlights a move away from over tanning towards increased protection and care.

Change of focus

In the past, sunscreen manufacturers often marketed their products as a tanning rather than a protection aid. Responsible manufacturers have now moved the focus from tanning to protection as a key brand and health awareness message. Unlike the rules for general advertising, sunscreens are specifically referred to in the rules for TV advertising: "In advertising suntan

Continued on P23→

Take a new look at sun care



Introducing Sun Mix the first Variable SPF suncream

Life can be simple with Sun Mix suncream and its seven-factors-in-one tube that you can control...with a twist!

Sun Mix has a waterproof and photostable formulation and contains superior UVA and UVB filters.

Sun Mix also has the added caring benefits of α -Bisabolol and Vitamin E.

And a great promotional and POS package, designed especially for the independent pharmacist, will make you look as attractive as a Sun Mix tan.

Contact Activ8 Healthcare Sales on 01789 473250 for more information.

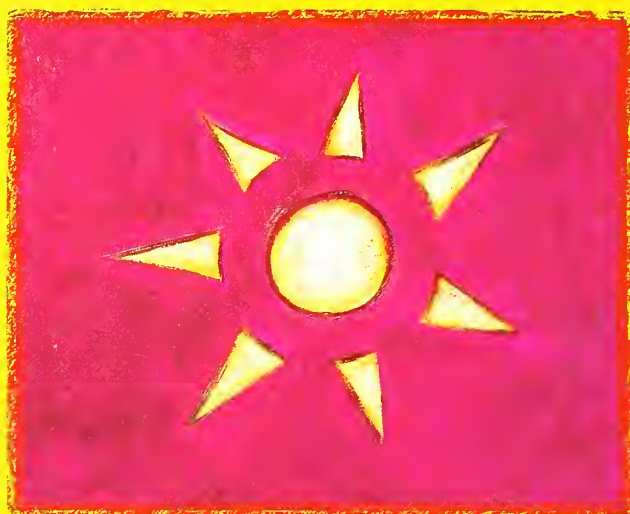
Sun Mix is manufactured by leading European research-based pharmaceutical company, KRKA.



Sun Mix is distributed by Fusion Brands Ltd in the UK



Pollen



Prickly heat



Pets



Dust

Year round allergy relief that's active in 15 minutes.

Whichever allergy your customers suffer from and whenever they suffer, they want fast relief. Benadryl starts working in 15 minutes and treats not only hay fever, but skin, pet and dust allergies too, so you can recommend it all year round. TV advertising begins in April and features all these allergies, so you'll see Benadryl sell as fast as it works all through the year.



Benadryl

ALLERGY RELIEF

| | |
|--------------|---|
| HAY FEVER | ✓ |
| DUST ALLERGY | ✓ |
| PET ALLERGY | ✓ |
| SKIN ALLERGY | ✓ |

Acrivastine

No non-drowsy allergy tablet works as fast.

Presentation: Capsules containing 8mg Acrivastine. **Uses:** Allergic rhinitis and allergic skin conditions. **Dosage:** Adults and children over 12: one capsule up to 3 times a day. Not for use in the elderly (over 65 years). **Contra-indications:** Hypersensitivity to Acrivastine or Triprolidine or renal impairment. **Precautions:** It is usual to advise patients not to undertake tasks requiring mental alertness while under the influence of alcohol and other CNS depressants. Caution during pregnancy. **Side effects:** Reports of drowsiness are extremely rare. **Price (ex VAT):** 12s £3.46, 24s £6.01. **Legal category:** P. **Licence holder:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. **Product licence number:** 15513/0035. **Date of preparation:** March 1999.



Sun Sense: made in Australia

Top suncare brands

Sun protection

Value sales

| | |
|------------------|----------|
| 1. Ambre Solaire | £18,760k |
| 2. Nivea | £11,436k |
| 3. Piz Buin | £8,190k |
| 4. Uvistat | £2,940k |
| 5. Johnsons | £1,653k |

After sun

| | |
|------------------|---------|
| 1. Ambre Solaire | £3,636k |
| 2. Nivea | £2,265k |
| 3. Piz Buin | £726k |
| 4. Banana Boat | £623k |
| 5. Malibu | £441k |

Self tan

| | |
|--------------------|---------|
| 1. Ambre Solaire | £1,912k |
| 2. Piz Buin | £999k |
| 3. Vichy | £590k |
| 4. Coty Sunshimmer | £413k |
| 5. Yardley | £311k |

Source: Information Resources - total value sales £2 weeks ending January 24, 1999

→ Continued from P20

lotions, care must be taken not to encourage the risk of sunburn or over-exposure. Advertisements must not suggest that a suntan is 'healthy' or that a pale skin is less attractive than a suntan.

"Claims to provide protection against sunburn are acceptable only in the case of products which can be demonstrated to provide significant screening from ultraviolet rays. There should be no suggestion that the use of the product provides complete protection from sunburn."

While it is permissible to say 'protects the skin from the sun's damaging rays', manufacturers cannot say 'prevents the ageing effects of sunlight' as this claim would require a medicines licence. When using models in advertising, responsible manufacturers now take care not to use those who are excessively sun-

tanned, nor to show children playing in the sun without wearing a hat and a T-shirt.

Is the price right?

Last summer, the Government questioned the high prices of suncare. Why are most suncare products so expensive and why do consumers have to pay more for higher factors? Laboratoires Garnier says this is due to the increased manufacturing costs of a higher concentration filter versus a lower concentration filter. The company also claims that not all the costs of this production increase are passed on to the consumer for the higher SPF. Ambre Solaire products but are actually absorbed by the company.

Like other major suncare manufacturers, Laboratoires Garnier has not taken any price increases recently. It has not increased the net cost price of its brand leading Ambre Solaire products since January 1997 and has confirmed that it will not be increasing prices this year.

David Halliday of Ego Pharmaceuticals in Australia, which makes the Sun Sense range, says: "Criticisms of the prices of sunscreens are unfounded in many cases. Good quality sunscreens are expensive to make and the higher the SPF the more they cost to produce."

Budget suncare brands with retail price entry points of £2.99 include Delph (Fenton Pharmaceuticals), Malibu (Malibu Health Products International) and No-Ad (Fenton Managers). Graham Hill, md of Fenton Pharmaceuticals, is campaigning for the price of sun creams to be lowered and for these products to be treated as a VAT exempt preventative medicine rather than as a cosmetic.

Merchandising tips

Pharmacies could sell suncare products more effectively by giving enough display to suncare and stocking a wide range of factors and merchandising according to SPF. That's the view of Laboratoires Garnier, which points out that a pharmacy can really add value to suncare sales by training its staff to give advice to consumers. The company says this requires an understanding of SPE, UVA/UVB, sun protection planners, how to ascertain skin type and how to recommend products depending on the skin type and holiday destination.

There is still a widespread view that a suntan looks attractive and makes you feel healthy. Yet, when you consider that a tan fades quickly and can cause permanent damage and early ageing, is it really worth it?

The idea that 'bronzed is beautiful' is very much a 20th century fashion. Let's hope for all our sakes that as we go into the next millennium, it will become 'cool' to cover up in the sun.

Hot off the shelf

A round-up of what's new in the suncare market for 1999

Tent for tots

Jackel International is introducing a special sun tent for babies into pharmacies.

The Pod has a special gold coating designed to protect babies from 97 per cent of harmful UV rays and is part of the Health Education Authority's Sun Know How campaign.

Weighing just over a kilo, the tent is easy to put up and protects against wind, heat and glare. Testing by the Australian Radiation Laboratory has given the space inside an SPF of more than 10. The tent retails at £19.95.

Jackel International Ltd.

Tel: 0191 250 1864.

Kid's stuff

Clarrell International is launching three new children's sunblocks in its Banana Boat suncare range.

Banana Boat Coloured Sunblock for Kids comes in two variants - Grape Scent Spray and Blueberry Scent Lotion.

Both products are coloured on application - enabling parents to see exactly where the lotion has been applied to achieve complete coverage. The colour then 'disappears' leaving the skin feeling moisturised but not greasy.

Kids Sunblock Spray Lotion SPF25+ is a new alternative for parents who do not like scented products.

All three products retail at £8.99.

Clarrell International Ltd.

Tel: 01634 717771.

Sunless bronzing

Sunshimmer by Coty sunless tanning products will become known as Sunshimmer by Rimmel from May.

Coty is consolidating the range by bringing it under the same banner as the Rimmel cosmetics brand.

A summer collection of Sunshimmer by Rimmel bronzing colour cosmetics will be launched at the same time.

The cosmetics are designed to be merchandised alongside the current Rimmel line-up, thus encouraging cross purchase across sunless tanning and cosmetics customers.

To support the entire Sunshimmer portfolio, a press and PR campaign will run in women's magazines from May to July - the peak selling period for sunless tanning preparations.

Coty (UK) Ltd.

Tel: 0181 971 1300.

Extreme sun block

Johnson & Johnson is adding a new sun block and after sun to its Johnson's Suncare range.



New Banana Boat sunblocks

Extreme Sun Block for Sensitive Skin SPF 50 is for very fair, sensitive skin including babies' and children's skin (rsp. £9.19, 100ml).

The water- and sweat-resistant cream features the Johnson's UV protection system with Microreflectors to protect the skin from the sun's rays. The formulation is fragrance- and colorant-free.

The new After Sun Anti-Mosquito Moisturising Lotion contains aloe vera and is formulated to repel biting insects including mosquitoes (rsp. £5.75, 200ml).

The fragrance-free formula is suitable for all the family, including babies over 12 months. When tested at the Swiss Tropical Institute, it was found to be effective for up to four hours.

Johnson's Suncare will be supported with a £300,000 consumer campaign which includes sponsorships, educational projects and a sampling programme.

Chemist Brokers.

Tel: 01705 222500.

Sun gel duo

Malibu Health Products is introducing two new gel products in its Malibu suncare range.

SPF8 Protective Sun Gel and SPF15 High Protection Sun Gel are designed to be quickly and easily absorbed. The gels are formulated to be non-greasy, sweatproof and waterproof.

Retail prices are £3.99 (SPF8) and £4.99 (SPF15).

The range is being supported by a £750,000 marketing campaign which includes press advertising and in-store promotions.

Malibu Health Products International.

Tel: 0181 579 6060.

Self tanner

Fenton Pharmaceuticals is launching a new self tanning body lotion in its Delph range.

Delph Self Tanner is formulated to develop an even, natural looking tan in a few hours, with no need to expose the skin to the sun.

The product contains a blend of

Continued on P24 →



Johnson's suncare range



Two new Malibu gel products

→ Continued from P23

moisturisers, including cocoa butter, to leave the skin smooth after use. Retail price is £3.49 (125ml).
Fenton Pharmaceuticals Ltd.
Tel: 0171 224 1388.

Golden glow

Novartis Consumer Health is launching a new sunless tanning body spray in its Piz Buin range.

Piz Buin Jet Bronzer Sunless Tanning Body Spray (rsp £10.49, 100ml) is designed to achieve a soft honey glow without sun exposure.

The product is formulated to be absorbed in ten minutes and comes in an easy-to-use pump action spray. The resulting colour is designed to last for up to five days and will fade gradually.
Novartis Consumer Health.
Tel: 01403 323955.

25 years on

Sunworld Products is introducing the Panama Jack Expedition Strong suncare range in the UK.

Originally developed for lifeguards on Florida beaches, the range has been available in the US for 25 years.

It comprises three lotions in SPF 15, 30 and 45. The products contain UVA/UVB protection with a blend of aloe and vitamins. Retail prices range from £7.99 to £8.99 for 237ml.

To celebrate the 25th anniversary

of the range, a special trade deal is available for pharmacies. The deal offers the first two Panama Jack suncare products ever made - Pure Aloe After Sun Moisturiser and Sontan Lotion Classic Blend SPF+ - at their original 1971 UK equivalent prices.
Sunworld Products Ltd.
Tel: 01753 889444.

Head start

Jackel International is running a pharmacy promotion on its Maws suncare range for babies and children.

Consumers who buy any Maws sun protection product through an independent chemist will qualify for a free boy's or girl's sun hat.

In addition, when they send off for the hat, they will automatically be entered into a free draw to win one of five Haven Holidays for the family in the year 2000.

The promotion is supported by a new merchandiser, and consumer leaflets. Any pharmacy which orders a minimum of three packs of suncare products will receive a free empty merchandiser with PoS material.

● Pharmacy assistants have the opportunity to win one of 100 bottles of champagne by completing a quiz which comes with the merchandiser.

Jackel International Ltd.

Tel: 0191 250 1864.



Piz Buin: a glow without sun

Spray it all over

Laboratoires Garnier is introducing a new spray protection milk in its Ambre Solaire range.

Ambre Solaire Protection Milk Spray SPF15 (rsp £8.99, 100ml) is a rapid absorption milk offering protection against UVA and UVB rays.

New too in the Ambre Solaire range is a milk formula of Total Screen for Sun Intolerant Skin SPF60 (rsp £10.99, 125ml). This light, non-greasy milk is formulated to protect the most sensitive areas (eg nose, ears and nipples) as well as fair skin and babies under the age of 36 months.

The Ambre Solaire range will be supported by a TV and press advertising campaign from June until August.

Laboratoires Garnier.

Tel: 0171 937 5454.



Panama Jack by Sunworld

Pump up the action

The new Nivea Sun Sprays from Beiersdorf are targeted at a younger and trendier consumer group than the core users of Nivea Sun range.

Aimed at 18-30-year-old men and women, the light spray-on formulation is designed to be quick and easy to apply. Available in SPF2, 5, 10 and 15, the products provide water-resistant protection from UVA and UVB, with the benefits of vitamin E and aloe vera.

The sprays come in a 200ml pump action bottle with non slip grip. Retail prices range from £8.49 to £11.49. A cooling After Sun Spray (rsp £6.99) is also available.

ATV campaign for Nivea Sun Spray is part of a £3.5m support package for the Nivea Sun brand this year.

Beiersdorf UK Ltd.

Tel: 0121 327 4750.

Fun in the sun

Boehringer Ingelheim will be introducing a fun on-pack promotion for its Uvistat suncare range in April.

Consumers will receive a 'Funday' guide with each Uvistat purchase featuring the special promotional sleeve. The guide lists a range of nationwide attractions and provides advice on how to keep kids safe in the sun.

In addition, consumers can send away for a 'Saturday, Sunday and Funday' directory by collecting two proofs of purchase and one promotional sleeve. The directory contains ten free days out for the kids to over 100 UK attractions.

● Boehringer Ingelheim has just produced an educational booklet to help pharmacy assistants understand the rating systems and to help answer common questions asked by consumers during the summer.

Boehringer Ingelheim Self

Medication.

Tel: 01344 484448.

Under your skin

A Swedish sun protection mousse has been introduced into independent pharmacies in the UK by Zeon Healthcare.

Ponus Pharma AB of Sweden, which manufactures Proderm Transdermal Sun Protection Mousse, claims that the product requires fewer

Sun Awareness Week

... will run from May 31 to June 6. The theme for the event will be sun protection during outdoor activities and sporting events. Chief Medical Officer Liam Donaldson will launch the week, and sports personalities and national sporting associations will be invited to promote activities. The event will provide a summer focus point for the Health Education Authority's Sun Know How campaign.



Free hat with Maws products



Proderm: 'will not wash off'

applications than most sunscreens because it is absorbed into the epidermis and will not rub or wash off. According to the company, one application of the mousse lasts up to six hours and the product only needs to be applied once or twice a day.

Presented in a 150ml aerosol, the mousse comes in SPF8, 15 and 22, retailing at £9.99, £10.99 and £11.99 respectively.

Trinity Sales & Marketing Ltd.
Tel: 01483 225691.

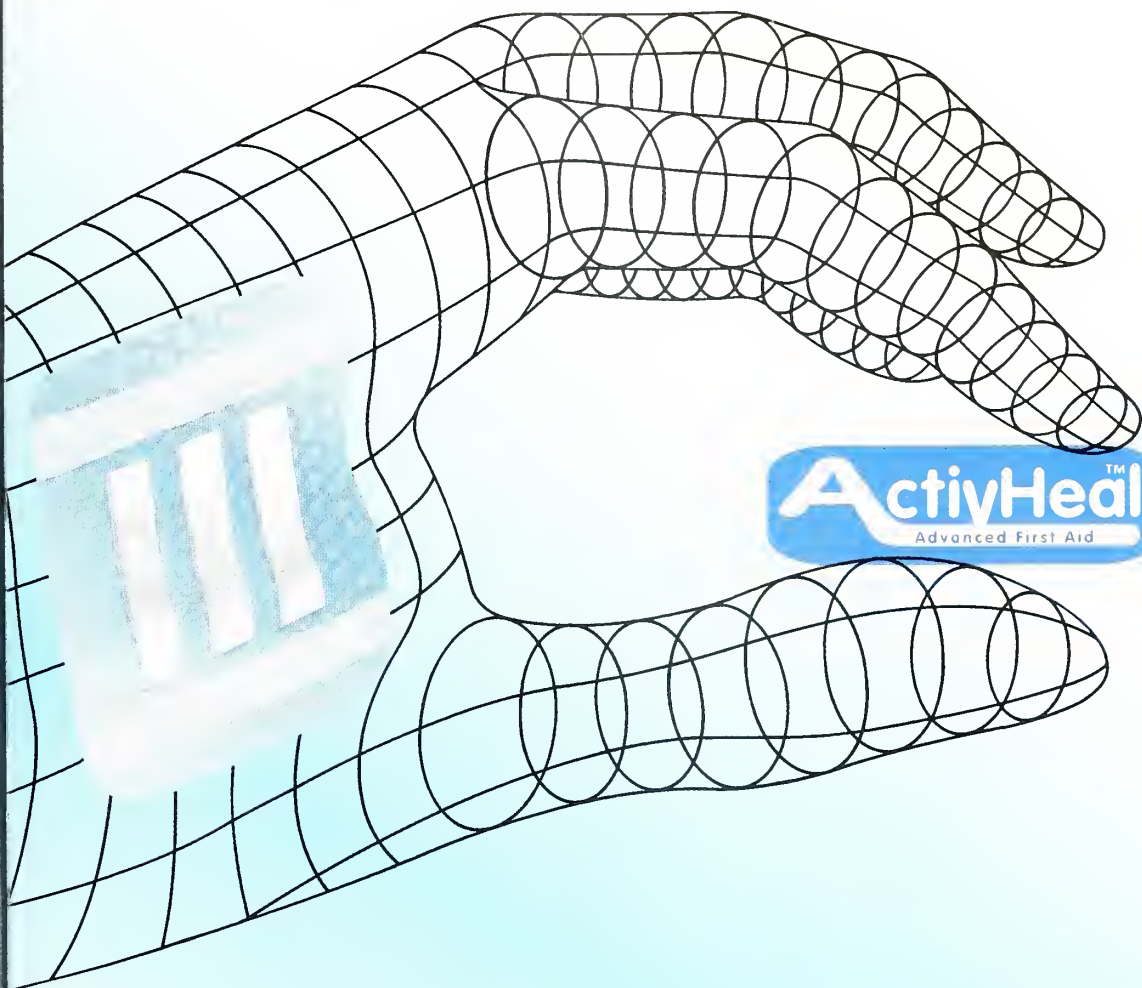
Mix 'n' match

Fusion is introducing a Slovenian suncare range into independent pharmacies in the UK.

Manufactured by Krka, the Sun Mix range comprises five suncare products including a suntan cream claimed to have a variable SPF from SPF4 to 10 (rsp £7.99, 100ml). The product features a device in the neck of the tube which controls the mix ratio of two different creams and the SPF can be varied by turning the nozzle top.
Activ8 Healthcare Sales.
Tel: 01789 473250.

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 **Advanced Medical Solutions Ltd**

Reference: 1. Moist Wound Healing G.D.Winter, Nature 1962, 193: 293-294



Clawing back that cash

With the discount clawback currently running at over £500m, **Godfrey Horridge**, PSNC's financial executive, explains how it is calculated

The value of the discount clawback is now running at more than £500 million a year. To understand the process involved in reaching this

figure I shall focus on two aspects:

- the work of the Inquiry Unit
- the process involved in reaching the clawback scale.

The Inquiry Unit seeks to act independently, but generally operates under protocols agreed between the Pharmaceutical Services Negotiating Committee and the Department of Health. It comprises representatives from the NHS Executive statistics branch, a Department of Health pharmacist, and Gordon Geddes (head of technical and information services) and myself from PSNC.

The Unit drafts the discount inquiry methodology and documentation for approval by PSNC and the Department's policy section. It conducts the inquiry, which usually takes between four and six months, then produces a detailed report on the gross discount for April which, in the absence of any subsequent material change, represents the gross discount for the financial year from April to March.

It is against this gross discount report that a negotiation on offsets takes place before a net target discount is agreed and a clawback scale can be constructed.

The Inquiry Unit can be asked by PSNC or the DoH to produce other reports to inform the negotiators.

Collecting the data

The clear objective of a discount inquiry is to quantify the discount on purchases of proprietaries, generics, and parallel imports, dispensed against NHS prescriptions and then set a clawback scale to recover any discount obtained. The Department's view is that the clawback should leave no profit element for contractors and that the discount belongs to the taxpayer.

The methodology excludes any discount obtained in relation to private prescriptions and counter products, including 'P' medicines.

The unit does not have to involve all 10,500 contractors in the inquiry,

otherwise it would take years to complete, which would not be very helpful. It selects 350 contractors sampled in the same proportion as national ownership and in six strata, according to monthly NIC reimbursement. That is, if the smallest strata has 60 per cent independent contractors nationally, then the group 1 sample will also select 60 per cent independents.

The only variation from this is that it has increased the sample size in certain areas because it needs 200 usable responses to be confident that the sample is representative. Selection is entirely random.

The sample contractors are sent the inquiry form and instructions on completion. Up to now the form has required an analysis of March purchases by supplier, covering proprietaries non-Glaxo, Glaxo proprietaries, generics, PIs, net priced proprietaries, and zero discount items.

The form also asks contractors to report the actual discount or surcharges incurred. It also requires information on purchases of net priced proprietaries which do not fall within wholesalers' normal discount arrangements. The information on the forms relating to generics, PIs and ZD

items is merely the purchase value by supplier, for the month.

To help calculate offsets, the sample contractors are asked whether they order by computer terminal. They are also asked if they pay late and therefore lose discount, to make sure they have not overstated the discount achieved on proprietaries.

There are now detailed guidelines to help contractors extract information from wholesalers' statements or split purchases between shops in order to make the reporting process easier for them.

Data processing

The data on the forms is entered into the Unit's computer and parameter checks are set to produce exception reports. For example, if a contractor reports that 50 per cent of purchases are generics, then the unit will phone to check that the figures are correct.

The processing of data in relation to non-Glaxo proprietaries is fairly straightforward. For every sampled contractor, the Unit enters the purchases and the actual discount reported.

The processing of data from contractors on their Glaxo Wellcome proprietary purchases follows a

similar procedure to other proprietaries. The Unit enters the purchases and the discount reported by contractors. Until two years ago, standard terms were used, but now the actual discount reported by contractors is used.

To get a figure for total discount on all proprietaries, the Unit calculates the discount and total purchases for each contractor and, if purchases are outside the selected range, moves contractors into their correct strata. The Unit then adds up the total proprietary discount for each strata and weights each strata by annual NIC weights to get a total proprietary discount, eg if 40 per cent of NIC were in strata 3, then the strata 3 discount would carry a 40 per cent weighting in arriving at total proprietary discount.

The data processing for generics is entirely different from proprietaries. For proprietaries, the Unit asks contractors for their actual discount obtained; for generics most contractors would not be able to work this out, so they record the net amount they purchase in the month surveyed. The Unit makes a calculation, deemed to be the discount obtained on generics.

The methodology for generics is to sample 100 drugs and obtain price



lists from the top five suppliers plus other suppliers chosen at random. The Unit uses the ten price lists to work out a price for each drug, based on the relative market shares of the chosen suppliers. This weighted price, when deducted from the Drug Tariff price, represents the discount for each drug.

An average discount is calculated from all the individual drug discounts and this overall generic discount is applied to the total generic purchases reported by the sampled contractors.

The methodology for calculating the overall PI discount is a similar desktop exercise. For PIs, a sample of 20 drugs is chosen, the top ten and ten others at random. Using the standard price list from the top five suppliers, the Unit produces a price for each drug, weighted according to market share. The discount for each drug is the difference between this weighted price and the price of the UK equivalent product.

An average discount is then calculated from the individual drug discounts and this overall PI discount is applied to the total PI purchases reported by the sampled contractors.

Verification

The verification process comes after the gross discount report has been issued. It takes a long time but is complex and involves analysing every invoice received from a small number of contractors in each year. Copy

invoice reports for 1997/98 and 1998/99 are still outstanding as a result of this complex process.

With regard to offsets, the 105 per cent of total NIC translates to 11.29 per cent of SDR NIC. This is the NIC on which the clawback scale is applied, ie the clawback scale is not applied to ZD NIC.

The offsets which the PSNC has negotiated are, except for Prescription Pricing Authority errors, directly related to obtaining the discount. The PPA errors picked up on audit at the National Prescription Research Centre and the PPA are repaid to contractors as an offset to the clawback scale. This year the offset for PPA errors is worth £6.5 million.

In total, the four offsets are worth £12 million this year or 0.28 per cent of SDR NIC. Having deducted the offsets, the agreed target discount for 1998/99 is 11.01 per cent (subject to an outstanding report on copy invoices).

The clawback scale is 11.01 per cent for the year. However, up to November 30, 1998, the clawback scale was only recovering 9.68 per cent of SDR NIC, so there was a monthly under-recovery of just under £5 million. In eight months, this built up to £37.8 million. That, plus the £27.8 million from the previous year, meant that £65.6 million was owing on November 30, 1998 (an average of just over £6,000 per contractor).

This article is the text of a presentation Mr Horridge gave to the Local Pharmaceutical Committee Conference in London earlier this month to help inform the debate about discount clawback and the motions being put forward. PSNC chairman Wally Dove reminded the delegates that the reimbursement system and the associated clawback are designed by the DoH to reimburse contractors the actual cost of the drugs purchased on behalf of the NHS. "Whether we like it or not, they take the view that the reimbursement system should contain no profit element for pharmacy contractors," he said. "In their terms, any discounts achieved by contractors, in effect, belong to the taxpayer. They say they are not ours to keep."

"We cannot negotiate the result on which the clawback is based. They are hard figures and our room for manoeuvre is limited. What we can do is make sure that the methodology used is fair and reasonable, and that the results do not throw up glaring errors."

He pointed out that the amounts of money involved in reimbursement dwarf those in the annual pay negotiations. Making a comparison he said that 1 per cent of the global sum is about £7.3 million. However, 1 per cent added to the discount clawback is worth £43.2m to pharmacy contractors.

PSNC does raise objections to the DoH's proposed changes to methodology, but as the Department's intention is to recover more of the discount obtained, PSNC has to have valid reasons for objecting. "It is not then a question of PSNC agreeing the clawback. If the methodology is valid and the figures contain no obvious errors, the results will stand."

"It is not a system we defend. It is a system we have to work with. We do not have the power to stop it from happening and we take the view that it is better to be involved than to leave it to the Department on its own."

PSNC negotiated a 16-month repayment period for this liability which represents a surcharge of 1.06 per cent on top of the target rate for 1998/99. The clawback scale from December 1, 1998, therefore aims to recover 12.07 per cent of SDR NIC.

This overall target is also split into targets for each strata or group referred to earlier. The clawback scale







therefore represents a model which recovers the target for each group as well as the overall target. The discount for each group (ie both large and small contractors) is derived from information supplied by the sampled contractors in each group - it is essentially contractors' own information and not some arbitrary imposed scale.



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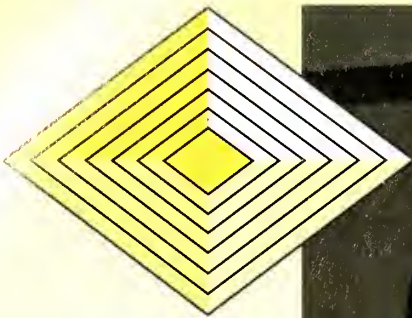
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UNICHEM GREAT



Chris Etherington, Managing Director of UniChem Ltd presents Lisa Martin with her certificate as overall winner of the 1998 Awards.

Innovation and determination reap rewards

The first year of UniChem's Great Business Awards proved an outstanding success. 300 invited guests, Awards entrants and representatives from pharmaceutical manufacturers attended the glittering Awards dinner in November of last year. The 4 category winners and overall winner, Lisa Martin, received their prizes from Chris Etherington, Managing Director of UniChem Ltd.

UniChem's commitment to encourage forward and creative thinking amongst independent pharmacists means that the 1999 Great Business Awards will be even bigger and better than last year.

UniChem has adjusted the Awards categories for 1999. This year there will be 3 categories instead of 4 with the new categories reflecting 3 key business areas for the independent pharmacist - namely Business Development, Promotion of the Business and Building Relationships within the Community.

In addition to the 3 main Awards there will once again be a special award to the manufacturer who in the opinion of the pharmacists is most supportive of pharmacy. There will also be a new award to be promoted in UniChem's consumer magazine, Healthy Times, for the "Most Helpful Pharmacist".

This year's panel of judges is to be extended to include a representative from the manufacturing side of pharmacy and together with judges from the RPS and the NPA will ensure all entries receive a critical and informed appraisal. Last year's entries certainly aroused considerable discussion prior to the final winner being announced.

BUSINESS AWARDS

Entry to the Awards scheme is via an official entry form. All forms have to be submitted by 30th August 1999. Entry forms are available from the Marketing Department at UniChem Head Office and will also be distributed via UniChem's monthly Promotions Book and their regular newsletter, Update.

The success of last year is sure to encourage even greater entry in 1999. Once again, individual category winners will receive £1,000 towards



the holiday of their choice with the overall winner receiving 2 free places on UniChem's 2000 Convention. If you are planning any projects during this year or have any on-going business building activity then why not submit an entry to the Awards scheme. You just might end up on the holiday of your dreams, as well as receiving the accolade of winning this highly prestigious industry award.

CATEGORY

1

BUSINESS DEVELOPMENT

This category will include pharmacy acquisitions, new shop-fitting and the introduction of new services such as a consulting area. This category is aimed at pharmacists who are introducing innovative ways to develop their business.

CATEGORY

2

PROMOTING THE BUSINESS

This category is all about promotional activities. The judges will be looking for creative activities such as in-store promotions, advertising, themed window displays, coupon/collector schemes and direct marketing.

CATEGORY

3

BUILDING RELATIONSHIPS IN THE COMMUNITY

Here the judges will be looking for activities that take place outside the pharmacy itself. For example, these could include a prescription delivery service, special needs, local sponsorship, support of local amenities and charities as well as links with GPs and Nursing Homes.

SPECIAL AWARD -

PHARMACEUTICAL MANUFACTURERS

Pharmacists vote for the manufacturer who has been most supportive of independent pharmacy.

SPECIAL AWARD -



MOST HELPFUL PHARMACIST

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Primary care taken on trust

Scotland's new look National Health Service comes into being on April 1.

Dr Lindsay Howden, pharmacy consultant, looks at the changes

On April 1, the latest in a long line of changes in the running of the National Health Service in Scotland will take effect. On that day, primary care trusts will spring into life. These trusts are completely new organisations which will be responsible for managing primary and community care as well as some hospital-based services. Existing hospital trusts will be amalgamated into larger acute hospital trusts.

But there is already a snag. It looks as if the legislation may not be in place in time to allow the new trusts to take over responsibility for running family health services from the existing health boards.

This means that responsibility for contracts for GPs, community pharmacists, dentists and optometrists will, for the time being, remain with the health boards. It is

thought that changes in pharmacy contracts may not be made until the autumn.

Local health care co-operatives (LHCC) are designed to be the operational arms of the PCT. Unlike PCTs, these bodies are entirely voluntary networks of GPs and other health professionals based on natural communities.

Their scope and functions will be worked out by negotiation between GP practices and the PCT who will fund them. A sum of £13.5m has been distributed to health boards for PCTs to ensure that LHCCs can plan and deliver services. At the same time fundholding practices will be phased out.

There is no laid down structure and composition for LHCCs. Their objectives were, however laid out in the White Paper, 'Designed to Care'. The objectives are:

- providing services within their budgets

- identifying the healthcare needs of the local population in partnership with public health

- supporting a population wide approach to health improvement and disease prevention

- improving quality and standards of care within practices

- supporting the development of extended primary care teams.

Pharmacists have attempted with some success to become involved with LHCCs.

One of the problems has been that some GPs have been reluctant to form co-operatives. In areas where there are already multipractices and fundholding practices there has been more enthusiasm.

A number of GPs have been uncomfortable about an earlier lack of direction from the NHS Executive on LHCCs. Guidance has now been issued which should answer most of their questions. For example, they will be remunerated for time spent on

LHCC business. They have received reassurance that they will not become employees as some had feared. They will continue to employ their own practice staff, while community nurses and members of the professions allied to medicine will continue to be trust employees.

It is obviously essential that the PCT board can obtain pharmaceutical advice. It seems that the mechanism for providing this may not be uniform across the country.

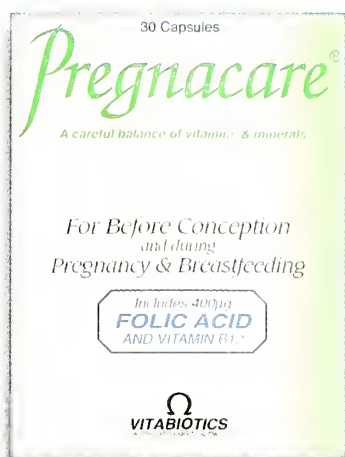
Pharmaceutical advisers to health boards may also take on this role. The non-executive members of PCT boards have only recently been appointed.

Alison Strath, vice chairman of the Scottish Executive, has, in her time as the NPA Community pharmacy development co-ordinator for Scotland, been able to form an overview of how well pharmacists

Continued on P32 →

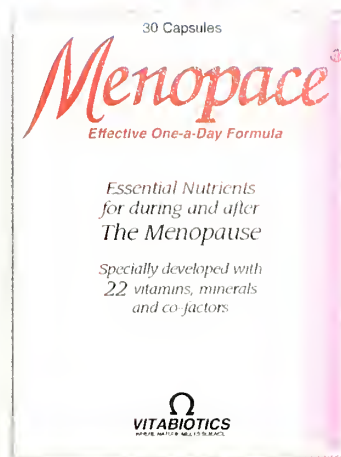
Every one a brand leader...

We couldn't



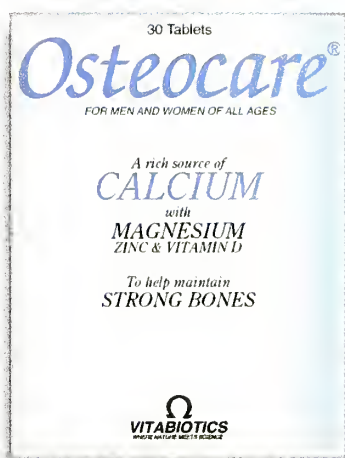
Chosen by more women than any other prenatal supplement.*

have done



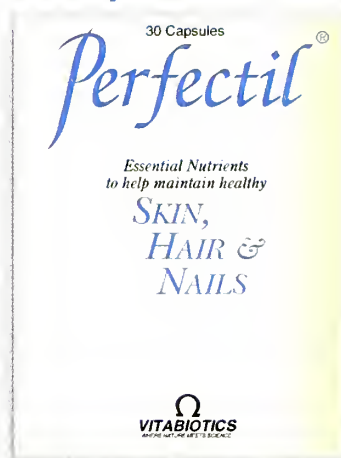
The UK's No 1 supplement brand for the menopause.*

it without



The UK's new brand leader in the calcium supplement market.†

you...



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With your help, Vitabiotics is building research and innovation into the supplement market. Over the years we have expanded new supplement categories like the menopause, pregnancy and beauty care. Each of the products above is now a leader in its field. A 'must stock' line for pharmacists. And for the future, we are developing the market into important new areas such as eye care with Visionace™. All with research based supplements, produced to high pharmaceutical standards. Which is good news for you and your customers.

www.vitabiotics.com

* iri MAT data Dec 1996-Dec 1997, Based on single brand variants. † iri classification.


VITABIOTICS
WHERE NATURE MEETS SCIENCE

→Continued from P30

have responded to the challenge of the new changes. She has a seat on the executive committee of her own LHCC in Dundee.

"I have been largely encouraged by the interest from pharmacists all around the country in terms of looking at the White Paper and how they fit in," she says. "White Papers come and go and we have always just thought 'what difference does it make to us?' This time people have realised its importance. The Society, SPG and SPF have all worked together. People are doing a lot of work off their own bat over a very short timescale."

"The Scottish Executive of the Society is keen to meet later this year with trust chief executives and chairmen to flag up some of the issues about which the profession has something to offer."

She sees it as an advantage that the Scottish Office has not been too prescriptive in the setting up of the LHCCs. This has given pharmacists locally a major opportunity to champion their role to the emerging co-operatives. She emphasises that it is important for pharmacists to work on their own professional relationships because it will make it easier then to speak to others.

The setting up of pharmacy locality groups in Grampian and Lothian has been "extremely successful". In these two health board areas, she believes, the early formation of locality groups has made it easier for pharmacists to get used to working together on projects.

Alison Strath stresses the need for continued support for pharmacists working with LHCCs. The Scottish Executive may look towards more collaboration with non-pharmacy bodies such as the Health Education Board for Scotland.

Hugh Purves in Northeast Fife also

raises the question of support for pharmacists working within LHCCs. He says that now that pharmacists have obtained some representation on the new structures through the efforts of relatively few people, it is time "that other contractors come out and help with the next stage".

The next stage is, of course, the most important because having become involved pharmacists will now have to prove they can deliver.

Despite the co-ordinated effort, the degree of pharmacy involvement in the new structures is still patchy. This is largely due to the varying degrees of enthusiasm among GPs, LHCCs, and the degree of readiness of LHCCs across Scotland. In the areas where pharmacists have settled into locality groups such as Grampian and Lothian, the links formed with the co-ops seem stronger. Three levels of pharmacy involvement with LHCCs can be identified. At the basic level, a lead or co-ordinating pharmacist will have been chosen who will liaise with

the co-operative. At the next level a pharmacist will sit on a co-operative working group on, for example, formulary development. At the highest level there will be a pharmacist as a member of the executive committee.

There are now lead pharmacists in virtually all areas of the country liaising with their local co-ops. There are, however, some areas where the co-ops have only just been set up. To date, there are only around ten pharmacists in Scotland who sit on LHCC sub-groups or working parties, and only one who sits on an LHCC executive. To put this in context, there are 73 LHCCs in Scotland spread throughout the 15 health board areas. It also would seem likely that there will be a further involvement of pharmacists after April 1 and when the new bodies have 'bedded in'.

There is clearly a great deal of work to be done to make sure pharmacy plays its full part in the new structures.

Co-ordinating pharmacists by Health Board areas (names of locality groupings/LHCCs in italics)

Argyll and Clyde

There are 7 co-ops

Andrew Taylor, *Renfrew* LHCC, 7 Burnbank Centre, Hamilton, Lanarkshire, tel 01698 286864
Ashgar Mohammed, *Paisley*

Ayrshire and Arran

There are 5 co-ops

Diane Lamprell, *Prestwick and Troon* LHCC, Sandgate Pharmacy, Sandgate, Ayr, tel 01292 263973

Borders

Karen Smallman, *Borders*, Boots, 20 The Square, Kelso

Dumfries and Galloway

There are 4 co-ops

Contact Andrew Cairns, tel 01387 267414

David Kennedy, *Stewart* LHCC

Barry Cunningham, *Newton Stewart*

Macbaths/Stranraer

Dr Emily Kennedy, *Anandale and Eskdale*

Dr Emily Kennedy, *Upper Nithsdale/Dumfries*

Fife

Hugh Purves, *North East Fife*, Bonnygate Pharmacy, 45 Bonnygate, Cupar, KY15 5HA, tel 01334 654755

Bill Robertson, *Glenrothes*, Boots, 14 Lyon Sq,

Kingdom Centre, Glenrothes, KY7 5NR

Andy McDonald, *West Fife*

Alan Cairns, *Kirkcaldy, Levenmouth*, AJ & PF

Cairns, 2 Viceroy St, Kirkcaldy, KY2 5HT

Peter Cook, *Dunfermline*, Robertson & Son, 20

Douglas St, Dunfermline, KY12 7EB

Duncan Scott, *Dunfermline*

Forth Valley

There are 2 co-ops

Ray Mackie

Grampian

There are 8 co-ops

Fiona Doney, *Inner Aberdeen*, 4 Cranford Rd,

Aberdeen, AB20 7NL

Linda Jurenszek, *Inner Aberdeen*, 8 Bayview Rd,

Aberdeen

Val Sillito, *Inner Aberdeen*, 53 Binghill Park,

Milltimber, Aberdeen, AB1 0EE

Bob Neil, *Inner Aberdeen*, R & A Neill, Lewis Rd,

Aberdeen, AB16 6TG

Fiona Arris, *City West End*, 72 Cranford Rd,

Aberdeen, AB10 7NP

Kim Munro, *City West End*, 7 Hilltop Drive,

Westhill, Aberdeen

Alison Cowie, *City West End*, 114 Midstocket

Rd, Aberdeen

Charles Michie, *City West End*, Michie Chemist,

391 Union St, Aberdeen, AB1 16BX

Alistair Reid, *North Aberdeen*, Brachead

Pharmacy, Brachead Way, Bridge of Don AB22

8RR

Debbie Jamieson, *Deeside*, 30 Morningside Dr,

Aberdeen, AB10 7LX

Frances Notman, *Kincardine*, 2 Sycamore Place,

Ferryhill, Aberdeen, AB10 7LX

Kenny Manson, *Gordon*, Kennay Pharmacy,

High Street, *Kemnay*, AB51 5NB

Ian Will, *Gordon*, 35 West High St, Inverurie,

Aberdeenshire

Ronnie Summers, *Banff*, Buchan, 47-49 Broad St,

Fraserburgh

Bertie Baird, *Banff, Buchan*, Craigward House,

Invernorth, Fraserburgh, AB43 8TS

Calum Sinclair, *Moray*, West End Pharmacy, 166

High St, Forres, IV36 0NP

Mary Macintosh, *Moray*, CM Mackintosh, 12

High St, Aberdeen, AV38 9NX

Greater Glasgow

There are 15 co-ops

Sheila Tennant, *Bearsden*, *Milngavie*, Safeway, 900

Crow Rd, Glasgow, G13 1JD, tel 0141 959 5689

Ewan Black, *Drumchapel*, JB Pharmacy, 29

Dunkenny Sq, Glasgow G15 8NE, tel 0141 944

3479

Joyce Morrison, *Drumchapel*, 7 Garscadden Rd,

Glasgow, G15 6UH, tel 0141 944 1577

David Thomson, *Clydebank*, Boots, 98 Sylvia

Way, Clydebank, G81, tel 0141 959 7344

Mignon Lennie, *Riverside*, Boots, 368 Dumbarton

Rd, Glasgow, G11 6RZ, tel 0141 339 4565

Robin Hogarth, *Riverside*, CH Bell, 1399 Dunbarton

Rd, Glasgow, G14 9XS, tel 0141 959 2196

Gail Kennedy, *Strathkelvin*, Safeway, The Triangle,

Bishopbriggs, tel 041 772 1660

Jillian Binnie, *Strathkelvin*, Boots, Regent Centre, Kirkintilloch, tel 0141 776 3418

Lisa Wallace, *Maryhill, Woodside*, Maryhill Health

Centre, 41 Shawpark St, Glasgow, tel 0141 946

7151

John Currie, *Maryhill, Woodside*, Woodside Health

Centre, Barr St, Glasgow, G20, tel 0141 332 9977

Colin Ferguson, *North Glasgow*, TS McNee, 179-

181 Springburn Way, Glasgow, tel 0141 558 5259

Gordon Dykes, *North Glasgow*, Bannermans, 220-

222 Saracen St, Glasgow, tel 0141 336 8114

Elizabeth McLaughlin, *East End*, Macdon, 1049

Tollcross Rd, Glasgow, G32 8UG, tel 0141 763 0002

Andrew Gilbride, *East End*, A & A Gilbride, 170

Carmyle Ave, Glasgow, tel 0141 641 3880

Bridgeaton

Annamarie McGregor, *Townhead, Dennistoun*,

Abbey Chemist, 144 Trongate, Glasgow G1 5EN,

tel 0141 552 2528

Ian McDonald, *Townhead, Dennistoun*, Boots,

Boots, 200 Sauchiehall St, Glasgow, G2 3EQ, tel

0141 332 1925

Ian Cowan, *Gorbals, Govanhill, Cathcart*,

Castlemilk, Lloyds Chemist, 12 Barnton St,

Stirling, tel 01786 446850

Carol Anderson, *Gorbals, Govanhill, Cathcart*,

Castlemilk, LB Dunn, 155 Crown St, Glasgow,

G5 9XT, tel 0141 429 0416

Margaret Bland, *Rutherglen, Cambuslang*,

Miller & McGowan, 104 Stonelaw Rd, Glasgow,

tel 0141 647 6610

Martin Green, *Rutherglen, Cambuslang*

Ian Miller, *Eastwood*, 60 Merrycrest Ave,

Glasgow G46, tel 0141 633 2083

Elizabeth Roddick, *Greater Shawlands*, EF Ure

Pharmacy, 215 Clarkston Rd, Glasgow, G44 3DS,

tel 0141 637 7272

Kirsty Hepburn, *Greater Shawlands*, Safeway,

117 Riverford Rd, Glasgow, G43 1PU, tel 0141

649 0358

Gerry Hughes, *Govan, Ibrox, Pollock, Cardonald*,

16 Admiral St, Glasgow, G41 1HU, tel 0141 429 1884

Alistair McIntyre, *Govan, Ibrox, Pollock*,

Cardonald, Bannermans, 1851 Paisley Rd West,

Glasgow, tel 0141 882 1513

Highland

John Allan, *East Highland*, 22 High St,

Kingussie, PH21 1HR

Ron Shiels, *Inverness & Culloden*, Culloden

Pharmacy, Keppoch Rd, Inverness, IV1 2LL

Lanarkshire

There are 7 co-ops

Pharmacy structures not yet in place

Lothian

There are 8 co-ops

James Allan, *North East Edinburgh*, GW Allan,

168 Portobello High St, Edinburgh, EH15, tel

031 669 3100

Rod Mair, *South West Edinburgh*, RJ Mair, 162

Lanark Rd, Currie, Lothian, EH14, tel 0131 449 3417

Frances Hutchison, *South East Edinburgh*, F

Hutchison, 2 Fountainhall Rd, Edinburgh, EH9

Ian Menzies, *South Central Edinburgh*, A

Skinner Chemist, 177 Bruntsfield Place,

Edinburgh, EH10, tel 0131 229 2110

Graeme MacBride, *West Lothian*, Graeme R

MacBride, 34 Main St, West Calder, EH55, tel

01506 871164

Laurence Cameron, *Mid Lothian*, LC Cameron,

48 High St, Bonnyrigg, EH19, tel 0131 663 8353

Harry McQuillan, *North West Edinburgh*, Boots,

Craigleith Retail Park, Queensferry Rd,

Edinburgh, tel 0131 332 6114

Brian Ferguson, *East Lothian*, BR & ML Ferguson,

66 High St, North Berwick, EH39, tel 01875 894650

Tayside

Alison Strath, *Dundee*, 7a Cambustay Gdns,

Broughty Ferry, Dundee, DD5 2SR, tel 01382 731127

George Innes, *Perth and Kinross*, 56 High St,

Crieff, PH7 3BS, tel 01764 652727

Colin Herd, *Arbroath*, East Angus Co-op Society, 102

High St, Arbroath, DD11 1HL, tel 01241 870962

Diane Manzi, *Angus*, Steeple Pharmacy, 152

High St, Montrose, tel 01674 677677

Orkney

Mr T Clyde, *Orkney*, WB Sutherland Ltd, Victoria

St, Stromness, Orkney, KW16 3BS, 01856 850338

Shetland

Jane Rodgers, *Shetland*, AL Laing, Freefield

Pharmacy, Freefield, Lerwick, Shetland, AB3 0NN

Western Isles

Dr D Taylor, *Western Isles*, Back Pharmacy, Old

School Road, Back, Isle of Lewis, Western Isles,

01851 820333

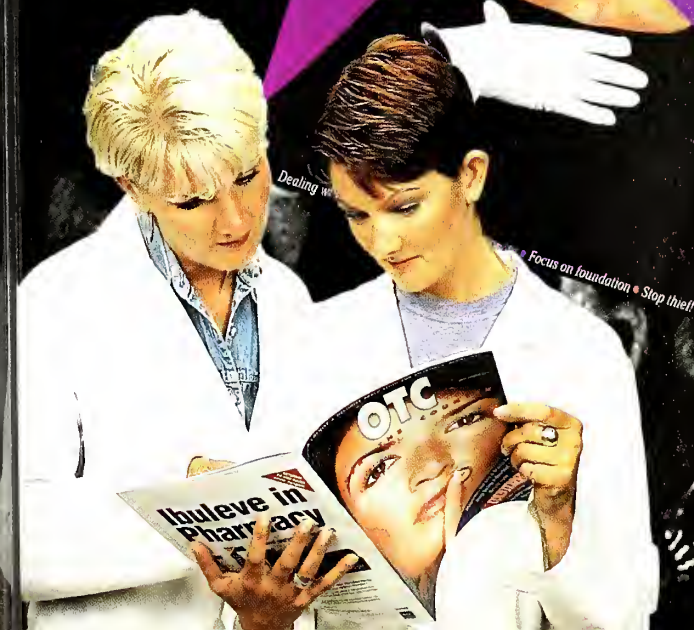
Simply the best for pharmacy assistants



Over the counter magazine - next issue May/June

Published on May 22, special features will include:

- Vitamin C
- Sun protection
- Aromatherapy
- Body beautiful
- Fungal infections
- Diarrhoea - home & abroad



CITY LIFE

April 22 for OTC aspirin 75mg 100s

Regulations returning aspirin 75mg in packs of up to 100 tablets or capsules to over-the-counter status should be in place on April 22. The health minister, John Deakin, announced last week that a Statutory Instrument would be laid by April 1.

Also in the Commons, Dr Howard Stoute, member of the Parliamentary Health Committee will raise the issue of prescription charges for hormone replacement therapy next week. He will propose that leave is given to bring in a Bill making a single prescription charge payable on all HRT preparations.

- The consultation period for proposals to blacklist pre-filled insulin pens ends on April 9.

- The Medicines Control Agency received more than 97 per cent of its income (£27.4 million) from licensing-related fees.



Numark Chairman Norman Fowler (left) was invited to unveil the Numark model pharmacy refurbishment of Frost's Pharmacy in Sutton Coldfield. Opened by John Frost in 1931, the business is now run by his daughter Cicely Gale (right) and her husband David, together with their sons Austin and Stuart (centre). Frost's is the 95th business to have been refitted in the scheme

PCG role depends on GP flexibility

The clinical role of pharmacists in primary care groups will depend on the extent to which GPs are prepared or forced to change their roles, believes Dr Peter Barnes, chairman, Enfield North PCG.

The pharmacist's input will also depend on how much the public can be educated to accept that they will not always see a doctor at the surgery.

"The doctor may not always be the right person," he told a conference at the Royal Pharmaceutical Society last week. "GPs spend too much time doing non-medical tasks. There are things others can do much better than we can, such as treating minor ailments."

Although most GPs would claim to be overworked, Dr Barnes thought they were the most under-used resource in the health service. "They should be doing what they were trained to do, that is, diagnose and treat illness. But they are swamped with too many other duties. GPs need to become physicians again."

GPs could specialise and take over some of the work of hospital consultants, while delegating other tasks to other health professionals. By working with nurse practitioners, pharmacists could help deal with minor illnesses.

Repeat prescribing was another responsibility pharmacists could take over. In Dr Barnes' practice of 13,000 patients, repeat prescribing occupied one full-time member of staff: "It's an enormous task that's got out of hand."

Pharmacists could also help GPs audit their prescribing, both at PCG and practice level, and could help develop PCG formularies. Many GPs would rebel against formularies other than the BNF but they could be introduced "by stealth". The money to facilitate rational prescribing could be taken out of the drugs budget, he added.

Dr Barnes warned that many GPs would be reluctant to delegate. "There will be a lot of resistance as GPs see

themselves as gatekeepers to the NHS. There are a lot of threats out there and many GPs are feeling paranoid. The main message I would give pharmacists is - don't rush us."

OTC formulary need

There is a need for an evidence-based formulary for OTC medicines so that pharmacists can give consistent, impartial advice, said Gillian Hawksworth. Most information came from manufacturers, and an independent formulary was long overdue.

In dealing with PCGs, she said it was important to market the fact that pharmacists had face to face contact with patients every day and could make suitable interventions. When trying to obtain funding she had always produced evidence from pilots.

Wendy Harris, community pharmacy adviser, North Derbyshire Health, described the CHAT centre in a Derbyshire pharmacy and a new prescribing incentive scheme. In the latter, patients made an appointment with a pharmacist at the surgery, who reviewed the patients' medication and compiled reports for the GP. The aim was to measure health gain from reducing iatrogenic disease and improving compliance.

Sandra Parnham, National Pharmaceutical Association project manager, described the Nottingham headlice prescribing project and said it has just received a further amount of funding for six months.

David Preece, RPSGB audit fellow, said the Society had published 30 audits on web sites. Most had been requested by pharmacists wishing to improve areas of practice. The Society was soon to launch audits for accident prevention, looking at medicines storage in the home and medicines that impair driving.

'The role of pharmacists in primary care groups - a strategic approach,' was organised by the RPSGB and the National Prescribing Centre.

PHS reports on leaflets' impact

The Pharmacy Healthcare Scheme has published results of a study into the effectiveness of its health promotion leaflets.

Objectives of the study were to identify priority areas for future literature and gauge reaction to alternative information formats. It was the first PHS study carried out on pharmacy customers rather than pharmacists.

Strengths of the PHS leaflet format have been identified as:

- it is instantly recognisable as a means of communicating health information
- the compact size makes it convenient and portable
- it provides a summary of a topic without going into unnecessary depth.

Criticisms of some PHS leaflets were:

- the tone of the leaflet was too clinical
- the approach was too generalised
- its title and/or images were uninspiring or misleading about the content.

Leaflets were perceived as providing a good introduction to topics and were often filed away for further reference. Other formats tested included credit cards, posters and print-outs from touch-screen information points which were all popular. Reference cards and scratchcards had limited appeal. It was also felt that future literature should be aimed more towards men, provide more lifestyle advice and not be "dictatorial" or "juvenile".

Twelve leaflets on the PHS' current themes of maternal and child health, coronary heart disease and health of the elderly were evaluated. The study involved 12 focus groups and 48 one-to-one interviews with customers who claimed to visit a pharmacy at least once a month.

Samples studied were biased towards social groups C2, D and E because of the links between illness, low income, and poor use of or access to health services. PHS' research also suggested that people from these social groups were less confident than those from groups B and C1 about consulting GPs, making pharmacists a more important source of their health information.

Positive points about the pharmacist as a health information source were seen as:

- expertise
- trustworthiness
- convenience and accessibility
- easily understood explanations.

The research recommends that PHS should be given a higher profile by standardising its leaflets' appearance. Leaflets should be geared towards social groups C2, D and E and adopt a 'question and answer' style, it suggests.

Pharmacy to open 100yd from next after 18-month wrangle

A pharmacy is to open just 100yd from an existing pharmacy in Hampshire, following a change in the neighbourhood's status.

The original contract application 18 months ago for a pharmacy in Tadley triggered a re-assessment of the neighbourhood's status. Classified as rural ten years ago, there are now 12,000 people living in the area. It was decided to de-control the neighbourhood.

The local medical committee

objected to this decision. But North and Mid Hampshire local pharmaceutical committee sided with the HA and the move was accepted, resulting in a dispensing doctors' practice losing dispensing rights for 2,500 patients.

The original application was followed by four more bids which were all rejected. The proprietor of the existing pharmacy, Brian Fox, objected to the original application, which was deemed desirable but not necessary.

His objection was rejected by the HA and an appeal made to the Family Health Services Appeals Authority failed.

Although the HA believes the area needs another pharmacy, it has no control over its exact location. The initial application, from a Norfolk-based pharmacist, has now been accepted and he plans to open a shop 100yd away from Mr Fox's Whatmores pharmacy.

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No Drowsiness

Clarityn Allergy prescribing information: Clarityn Allergy Tablets contain 10mg loratadine. Clarityn Allergy Syrup contains 5mg loratadine per 5ml. **Indications:** Adults and children aged 12 and over: For the relief of symptoms associated with hayfever, perennial allergic rhinitis and idiopathic chronic urticaria. **Children aged 2 to 12 years:** For the symptomatic treatment of hayfever and allergic skin conditions, such as urticaria. **Dosage:** Adults and children aged 12 and over: One tablet once daily or two 5ml spoons of syrup once daily. **Children aged 2 to 5 years:** One 5ml spoon of syrup once daily. **Contra-indications, precautions:** Hypersensitivity, Pregnancy and lactation. Use with caution in children under 2 years. **Side-effects:** Rarely, fatigue, nausea, headache, ataxia, dizziness, dry mouth, constipation, tachycardia, palpitations, supraventricular tachycardia, syncope have also been reported rarely although causal relationship has not been established. Concomitant administration of drugs which inhibit P450 1A1 and 2D6 metabolic pathways may result in elevated plasma levels of loratadine or the concomitant medication. **Pack sizes:** Cartons of 7 tablets. Bottles of 30ml syrup. **Retail prices:** Tablets £4.25, Syrup £6.99. **Legal category:** P. **Product licence numbers:** Tablets 0201/0175; Syrup 0201/0173. **Product licence holder:** Schering-Plough Ltd., Sharnbrook, Wetherby, West Yorkshire LS19 7JX. **AL7 ITW. Date of revision:** August 1997.

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Charles Gladwin visited Boots' latest store at Bluewater to see some of the innovations it is trailing there

Into the blue



(From left) Laura Dunbar, Claire Stammers, June Robinson, BTC dispensing operations manager Rachna Tiwari, pharmacist Louise Newall, Janet Daly, Carol Hubbard, BTC pharmacy superintendent Digby Emson, and Lorraine Ray

pharmacist, is the drug carousel capable of holding 700 lines. It should allow 80 per cent of prescriptions to be dispensed at the low level counter, in full view of the patient.

Standing at the curved dispensary bench, the pharmacist has a clear view of the medicines counter. Recessed between the two is an open consulting area. "The aim is to make the pharmacist very fluid between the two areas with the consultation point between the two counters," says dispensing operations manager Rachna Tiwari.

Perhaps the most striking aspect of the medicines counter is its openness. Two tills are mounted at either end with a small counter space. Between them is a waist-high glass screen, which allows the public to see, but not touch, the Pharmacy-only medicines.

General Sales List medicines are on open display. Organised into therapeutic groups, information panels describe symptoms and

suggest product types, while reminding the customer to seek further advice from the pharmacy assistants if necessary.

The vitamins and minerals aisle separates out 'general' vitamins, displayed on a tiered unit, and 'specialist' preparations, displayed opposite with individual information panels. A consultation area is positioned centrally with a trained healthcare assistant on hand.

Look good, feel good

Subliminal messaging is used throughout. Boots is keen on its 'look good, feel good' strategy, so all the information panels carry pictures of smiling or healthy looking people.

Oral health is close by the pharmacy area. Unique to this store, it has a consultation room with a qualified dental nurse. No on-site treatment is offered, but customers may try out various products; an intra-oral camera allows them to view their own mouth.

The chiropody practice is also new to Boots, launched only a week earlier at its Crawley store (C&D March 20, p7). Nearby, an assistant trained in specialist skincare has her own consulting room, and she will advise on skin conditions such as acne, dry skin and scalp conditions.

Moving out of the healthcare area, innovation is applied to many other sectors. A screened central beauty/cosmetic consultation area is complemented by a cosmetics 'try it and see' unit, kitted out with tissues and mirrors. Lipsticks are sold from a large round gondola that has them arranged by shade, not manufacturer



The frontage of Boots the Chemists at the Bluewater retail park in Kent

An impressive selection of perfume testers are set out on a curved, tiered stand, with perfumes on open sale behind. An immediate reaction is that this presents a shoplifter's paradise, but an EAS Sensomatic security tagging system should help minimise pilferage. The open display is repeated downstairs for men's fragrances, where "the aim is to give men's products the profile they need", says Ms Tiwari.

Ground floor

Generally, the lower floor has a slower pace to it with the baby section, photography and the opticians, in addition to men's grooming.

The baby section puts all the baby products together. A rest area is provided, nominally for fathers to watch television, and is screened off by a smoked glass children's fitting room. The space has a play area, bottle warmers, and a nappy changing room.

The photographic section focuses on a central processing area that has an automatic processing drop off point for Advantage card holders.

Boots started recruiting staff about six months ago from the locality. About 90 per cent of the staff are new to Boots, with the rest drafted in from other stores. Four pharmacists are employed along with manager Mark Howard, who has the furthest commute, travelling from Glasgow.

Mr Emson acknowledges that when a store opens like this there is a small amount of trade transfer from neighbouring branches. "I suspect it would be extremely busy on Sundays," he says. "It's more a browsing experience; some of the stuff we are trialing would not necessarily work in a small store."

"It's really about going back to 'look good, feel good' for staff and customers."

From the promotional literature, Britain's latest and largest shopping centre, Bluewater in Kent, could almost be a place where everybody knows your name.

Shoppers (120,000 on last Tuesday's opening day) are referred to as 'guests', and a visit, which might include a picnic by the lake, is a 'shopping experience'. In addition, "Bluewater 'hosts' will take care of your every need," says the brochure.

With an attitude like this, and with an estimated 30m customers visiting Bluewater each year, Boots the Chemists sees its 42,000ft² (2,600m²) store as an important test bed for new ideas. It is keen to try out what works in a "destination" store where people come for "comparison shopping" - and as customers will have come for a day out, Boots is catering for those with more time to browse.

From the outset, the philosophy of the store is accessibility, experience and information. Access is on two levels with the healthcare and beauty area upstairs, as this is perceived to be the main shopping level. Wide aisles and lighting encourage the 'guests' into the store. Experience is provided with assistants trained in specialist areas, such as skincare, oral health, photography, haircare, chiropody and cosmetics, plus an abundance of information panels alongside products.

One potential drawback is that being one of 320 stores in a shopping mall, storage space is limited. Boots has some on-site space for key lines, but is relying on the twice daily delivery from the nearby Dartford warehouse to allow shelves to remain stocked.

Healthcare first

Pharmacy in the UK is probably the most developed in the world, believes BTC pharmacy superintendent Digby Emson. As such, he feels Boots, as a major player, has a responsibility to the profession to reflect this in the way its stores look.

Inside Bluewater Boots, healthcare centres make the pharmacist and assistants more accessible. Customers are directed to the dispensary counter, to be greeted by the pharmacist. Behind this, within easy reach for the



Shelly Gaines (left) helps a customer at the dispensary with pharmacist Louise Newall at the rear

Gerry Jackson, a tax partner at Critchleys Chartered Accountants – a member of the UK200 Healthcare Group, takes a look at what the recent budget offers pharmacy proprietors

The 1999 Budget – what's in it for you?

The budget, as always, dealt with business and individuals in general. However, it is the impact of all tax rates, national insurance, and also retirement relief (for those over 50), which made the headlines.

With a focus on part-time employees, employers are keen to discover whether the costs of employment are likely to increase or decrease. The best way to find out about what the chancellor had to say and what the impact of the measures will be is to seek the advice of a professional.

So was the Budget a waste of time?

The 1999 Budget on March 9 was hyped up in advance as a landmark budget. We were led to expect major tax changes, especially a complete overhaul of the inheritance tax system. Unfortunately, the Budget introduced little that was radical, and most of the changes are likely to be irritating complications rather than genuine help to businesses.

So what did the Budget really say, and what does it mean for you? The headlines after the Budget highlighted that the bottom rate of tax is now only 10 per cent. This applies to individuals who have a £1,500 tax band taxed at this rate and to companies with profits under £10,000.

The detail makes this less than generous. For a start, the 20 per cent tax band for individuals has been abolished – sort of. So what you gain by paying tax at 10 per cent, you mostly lose again when income that would have been taxed at 20 per cent is now hit with a 23 per cent rate.

As for companies, once they get beyond £10,000 profits, they pay tax at what is, in effect, 22.5 per cent up to £50,000, when they go back to the normal small company rate of 20 per cent. The new rates for companies don't apply until April 1, 2000, onwards.

The 20 per cent tax rate for people has not gone. Bank and building society interest is still to suffer tax at this rate, and basic rate taxpayers will not have to pay any more tax than the 20 per cent that is normally deducted at source.

Because of new rules from a



"The overall effect of the chancellor's budget is that he is really doing very little"

affected where the consideration is more than £250,000 for premises, goodwill and debtors combined.

The stamp duty rate goes up from 2 to 2.5 per cent – or from 3 to 3.5 per cent when the consideration

is more than £500,000. These percentages sound small, but remember, they apply to the whole price, not just to any profit element.

While stamp duty is paid by the purchaser, there will be a knock-on effect as vendors may find that purchasers are forced to reduce the prices they are prepared to pay. (If you are selling your business in the form of shares in a company, the stamp duty rate is still only 0.5 per cent, regardless of the total proceeds.)

Don't forget

Don't forget that with effect from the start of the next tax year, the rates of employers' national insurance will change. For the lower paid (for example, part-time employees) this could actually save you money, but it looks as though there will be more losers than winners under the new system.

So was it worth it?

The chancellor wants to be seen to be giving things away, and to be encouraging businesses. The overall effect of his Budget, however, is that he is really doing very little. While this means he is not actually making the situation worse, it also means that he is doing little to make it better.

Critchleys is a member of the UK200 Healthcare Group, which can be contacted on 0800 919243.

UniChem's Financial Services has prepared a booklet explaining how the budget will affect pharmacists. Customers should already have received theirs; others can phone 0181 391 7110 for a copy.

previous Budget, the tax on dividends received from UK companies has become far more complicated. We are now in a position where there are rates of tax at 10, 20 and 23 per cent (to go down to 22 per cent from April 6, 2000), 32.5 per cent (this is to do with dividends) and 40 per cent.

Help for businesses?

The chancellor said that the Budget was supposed to reward enterprise. It is not clear that it does that much to help most businesses, however.

He carried on with the 40 per cent first year allowances for plant and machinery. This allows small- and medium-sized businesses (nearly all businesses) to write off 40 per cent of the cost of new equipment against profits, instead of just 25 per cent, but only in the first year.

Selling the business?

If you are disposing of your business, there are a few taxes that affect you: capital gains tax if you sell it, inheritance tax if you give it away (or leave it to the next generation in your will), and stamp duty in the case of certain sales.

The abolition of retirement relief from capital gains tax, the big shock from last year, is going to carry on as scheduled. The new taper relief that replaces it is still, unfortunately, in place, and tax planners are going to continue to be trying to maximise the benefits of the various reliefs for a few years yet.

The big surprise was inheritance tax: not the changes, but the fact that there weren't any. The real irritation is stamp duty. Sales of businesses will be

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"I take an antihistamine for hay fever. Do travel sickness pills contain antihistamines? Can I take both?"
"What does SPS-18 mean?"

ICONS help you to remember the information

- Information** To help you remember to see all your customers about preventing problems, remember the ABCD principle:
 - A. To Ask: Customer and the likely need for advice.
 - B. To Buy/Prescribe: Is it what we think it is?
 - C. To Check: Is it what we think it is?
 - D. To Do: Check the other medicines they are on.
- Deposits**
- Prevention/Advice**
- Symptoms**
- Refer to pharmacist**
- Advice**

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- identify the causes of a number of health disorders
- identify the symptoms of common health disorders
- identify the causes of a number of health disorders
- identify the symptoms of common health disorders
- identify the causes of a number of health disorders

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ICONS help you to remember the information

- Information**
- Deposits**
- Prevention/Advice**
- Symptoms**
- Refer to pharmacist**
- Advice**

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MODULE 1: TEST YOUR UNDERSTANDING

1. What is the main purpose of the pharmacy assistant?
2. What are the main responsibilities of the pharmacy assistant?
3. What are the main duties of the pharmacy assistant?
4. What are the main tasks of the pharmacy assistant?
5. What are the main functions of the pharmacy assistant?
6. What are the main roles of the pharmacy assistant?
7. What are the main responsibilities of the pharmacy assistant?
8. What are the main duties of the pharmacy assistant?
9. What are the main tasks of the pharmacy assistant?
10. What are the main functions of the pharmacy assistant?

CHEMIST & DRUGGIST
Cambridge Counterpart
Pharmacy Assistant Development

QUESTIONS

1. What is the main purpose of the pharmacy assistant?
2. What are the main responsibilities of the pharmacy assistant?
3. What are the main duties of the pharmacy assistant?
4. What are the main tasks of the pharmacy assistant?
5. What are the main functions of the pharmacy assistant?
6. What are the main roles of the pharmacy assistant?
7. What are the main responsibilities of the pharmacy assistant?
8. What are the main duties of the pharmacy assistant?
9. What are the main tasks of the pharmacy assistant?
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Taxman could inspect private bank accounts

The Inland Revenue (IR) could demand that pharmacies and other businesses submit their private bank accounts/building society account books, as well as business accounts for inspection following a recent ruling.

Accountants and tax specialists had previously thought the new self-assessment regulations excluded private account statements, unless they had been used for business purposes.

In a recent appeal heard by the IR's general commissioners, a taxpayer was transferring some money from his business account into his private account every month. It was argued for the taxpayer that since the transfers were drawings, not business transactions, they should not be considered part of the business records needed to make the tax return.

The IR argued it was entitled to examine the taxpayer's private account because it was linked - through the monthly transfers - with the business account.

The commissioners agreed and dismissed the appeal. Although their decision is not as binding as a legal court ruling, it will give the IR more confidence to demand to see other business owners' private accounts.

Pharmacists are advised to check their private bank accounts/building society account books and list all sources of income.

Mawdsleys builds a new base

Mawdsley-Brooks is investing in a new head office and warehouse a mile away from its Salford base.

The multi-million pound facilities at Langworthy Road South will provide 40,000ft² of warehouse space, doubling its current capacity in Salford, as well as 8,000ft² of offices. Mawdsleys expects to move in early July.

Ian Brownlee, Mawdsleys' managing director, said the move would improve its service because the company will introduce semi-automated picking and checking. Mawdsleys would also have an ideal base to launch its five year expansion programme.

"Additional space means more efficient use of stock and makes it easier to accommodate our four full ranges of generics, now moving into patient packs," he said. The new base also provides easier access to the motorway network. As the move is local, most of the 140-strong workforce will transfer without any problem.

Refurbishment work at the site has already started and Mawdsleys said the transfer would be seamless, and would not affect its service levels.

Moss pharmacy format may launch in Europe

Moss Chemists is working with Alliance UniChem, its pan-European parent, to see how its format could be introduced to other European countries.

Multiple pharmacy chains are restricted to a few European countries - many only allow single pharmacy outlets. But a number of countries are currently considering, or have proposed, new laws to permit multiple pharmacy chains. AU believes Moss' skills and experience could prove equally successful elsewhere.

Moss' European expansion and the resulting rewards would help offset its increasingly difficult trading conditions in the UK. The chain's operating margins, for example, will be held back this year by the Government's discount clawback and "high wage inflation for pharmacies".

Both factors had an impact on its margins last year, which rose a fraction to 6.76 per cent. And with the Government expected to increase this year's discount clawback by 2 per cent "... [this] is likely to mean our rate of growth in operating margin will reduce". It also expects pharmacists' wages to rise further in 2001 when the four-year pharmacy degree course is introduced in England.

Independent pharmacists, however, will also be under pressure which could work in Moss' and other multiples' favour as they seek to acquire more outlets.

The chain bought 59 pharmacies last year, and their sales helped to lift its turnover 29 per cent to £353.5 million - the extra outlets accounted for 13.2 per cent of the growth. Moss now has 571 outlets and it said the acquisition prices of pharmacies were gener-

ally falling, although quality outlets still attracted premium prices from bidders. "We expect to maintain our expansion programme since we are seeing a greater number of instances where pharmacists have decided to leave the profession before their normal expected retirement date."

Operating profits, meanwhile, grew 22 per cent to £23.9 million. Like-for-like NHS sales rose 6.5 per cent, slightly ahead of the market's growth, although they have been boosted early this year by the recent flu outbreak.

OTC products in the retail pharmacy market showed some "small growth" despite a poor summer. OTC medicines were the strongest category - Pharmacy-only medicines grew 2 per cent in the market, while Moss' sales in this sector rose 4 per cent, partly due to new point of sale material and micro marketing at each outlet.

UniChem continues to be affected by the parallel import market. Its like-for-like sales rose 3 per cent to £1,488m, whereas the pharmaceutical wholesale market grew 4.5 per cent. Short-liners, said the wholesaler, were still benefiting from the strong pound and were using "exceptionally high PI margins" and a wider range of products to increase their market share at the expense of full-line wholesalers.

UniChem has a third of the full-line market, although it admits its share has fallen, but remains optimistic because the pound weakened late last year and the wholesaler has launched initiatives to increase its PI sector share. OTC Direct, its short-line subsidiary, said its turnover will double to £48 million this year.

"We do not anticipate any worsening of market conditions in the future



Jeff Harris, Alliance UniChem's chief executive

for wholesalers, although we may see some downward pressure on drug prices from the Government," it said.

UniChem's operating profits rose 1 per cent to £42.7m, which reflected a charge of £300,000 to run the larger Alliance UniChem group. A cost-cutting programme helped keep its operating margin broadly level at 2.87 per cent. Hospital sales rose 9 per cent, against a market growth of 3 per cent. This year's growth will not be as high because the company has already secured distribution contracts with the major manufacturers.

UniChem's pre-wholesaling business now claims to lead the market with 28 contracts, handling goods worth £750 million. It still has room for expansion because its depot in South Normanton has 20 per cent spare capacity.

Alliance UniChem, the pan-European group formed in 1997 when UniChem merged with Alliance Santé, also has scope for growth. Its first full financial year as a group showed pro-forma pre-tax profits up 15 per cent to £110.1m on a turnover of £5.35 billion.

Pharmacies pilot AAH on-site heart test

AAH Pharmaceuticals is piloting an on-site heart health service in two Vantage Refresh pharmacies - the company already runs similar checks as a 'remote service' in 31 Vantage Refresh pharmacies.

Clive Turner, who owns Vantage Chemist in Halesowen, West Midlands, and Hugh Purves, owner of Bonnygate Pharmacy in Cupar, Fife, will pilot the on-site service for four months to compare popularity with remote testing.

Mr Purves is a member of Fife Pharmaceutical Services, a Scottish

buying group that wants to expand the clinical services its pharmacists offer.

AAH said the on-site service will give customers an instant assessment of their cardiac risks, whereas they have to wait for the results under the remote service.

Both pharmacists are using an LDX analyser to carry out the tests - AAH is not charging them to use the machines, although charges may be introduced later, if the scheme is expanded. They have also received training to deliver a range of services

that includes taking the patient's health and lifestyle profile, checking blood pressure and testing lipid levels.

Patients are charged £20 for the on-site test. Mr Turner said: "Currently, on average ten customers per week are expressing an interest in the heart health check, so I am looking forward to seeing if providing the test in-store increases its popularity."

The test is part of Community Health Services, a range of health screening pilot programmes launched in January.

PosMark launches internet-based healthcare service

PosMark, better known for running nationwide poster sites at 2,300 pharmacies, has launched a healthcare survey service that makes use of the internet and the company's pharmacy customers.

The service – called Pharmaquest – offers OTC and ethical manufacturers the chance to carry out research through a panel of 300 pharmacists across the UK.

Manufacturers can ask anything, from a single question to carrying out a major survey. PosMark's fees, which remain confidential, are on a sliding scale that depends on the complexity of the research they want.

Every Monday, 44 weeks out of 52, Pharmaquest posts clients' research requests on its secure internet site. The 300 pharmacists are said to respond within hours, via the site, and Pharmaquest analyses the results.

By Friday, the clients can browse through their results by using their confidential access to the site. They can also receive reports, or have the results presented to them in person.

Pharmacists receive benefits for belonging to the Pharmaquest network. Apart from receiving fees for the questionnaires they fill in, PosMark

subsidises some of their internet costs. The pharmacists also have free access to the Pharmasite Index, a web site that has information on matters concerning community pharmacy.

With the client manufacturers' permission, the pharmacists will also be able to see the survey results on the internet.

PosMark has set up a new division called PosMark Healthcare Research (PHR) to run the service. Berkhamsted-based Acumen Solutions is responsible for developing and managing the Pharmaquest web site.

Scott Davies, PHR's managing director, said patients' confidentiality is assured. Pharmacists recruit patients to take part in the surveys by giving them a letter that describes what sort of information they will be giving away. Patients, who are given a "small incentive", fill in an anonymous questionnaire and the pharmacists send the anonymous medication records to PHR.

Robin Fawcett, PosMark's group managing director, said the new service was a logical addition to its portfolio because of its work with 2,300 pharmacies. "Over the years this has given us a special insight into the way pharmacists interact with the pharma-

ceutical industry, their patients and their communities," he said.

Mr Davies, who was previously account director at market researcher Taylor Nelson Sofres, joined PosMark in September 1998 with a brief to develop pharmaceutical research programmes.

He said the immediacy of Pharmaquest's information was important. "What we're offering is a very cost-effective way for companies to gather information, when there's still time to take decisions that will be relevant to the market as it is, not as it was some time ago," he said.

The company has already done some work for two relatively small pharmaceutical manufacturers.

PHR wants to develop the service into other areas, such as merchandising, marketing and loyalty cards.

"We also have long-term plans to extend the service to GPs, nurses and hospitals [as research bases] – but our current priority is pharmacists," he said.

● PHR has also introduced PatientRx, a research programme that has recruited 6,000 patients to provide long-term research and feedback on prescribed treatments for: hypertension, asthma, depression, angina, hypercholesterolaemia and migraine.

COMING EVENTS

TUESDAY, MARCH 30

Barnet Branch, RPSGB, at the Postgraduate Medical Centre, Barnet General Hospital, 7.15 for 8pm. 'Ophthalmic problems for the pharmacist'.

Bath & District Branch, RPSGB, at the Gainsborough Room, Pratts Hotel, Bath, 8pm. 'Skin cancer and the dangers of sunbathing'.

NICPPET at The Canada Room, The Queen's University of Belfast, 2 to 9.30pm. 'Pharmacy practice research symposium'.

THURSDAY, APRIL 1

NICPPET at The Beeches, Hampton Park, Belfast, 9.30am to 4.30pm. 'Introduction to e-mail and the internet'.

ADVANCE INFORMATION

Pharmagora '99 will take place on **March 27-29** in Paris. Details from Pharmagora, tel: +33 1 41 29 96 18.

The British Pharmaceutical Students' Association annual conference will be held from **March 28 to April 4**, at the University of Nottingham. Details from Alison Goodchild and Beth Carney, tel: 0115 947 0835.

The South Humber Health Authority is holding its 2nd Community Pharmacy Conference on **March 28** at the Forrest Pines, Briggate Lodge, Scunthorpe. For further information, telephone Mike Rymer on: 01652 659659.

BRAPP has organised a symposium on **March 31** at the Royal College of Pathologists, 2 Carlton House Terrace, London SW1 – 'Is the pharmaceutical industry providing the NHS with medicines it can afford?' Details from Elizabeth Borg, on tel: 0171 404 3404.

Natural Product Brighton '99 'Natural Product News Awards' will be held on **April 11-12** at the Brighton Metropole. For registration tel: 01903 814614.

An **International Congress on Clinical Pharmacy** will be held on **April 11-14**, at Walt Disney World, Orlando, Florida. For details please tel: +1 816 531 2177 at the American College of Clinical Pharmacy.

Lloyds to close Peel Street Pharmacy depot

Lloyds Pharmacy is closing down a pharmaceutical depot owned by Peel Street Pharmacy, the chain of 43 outlets it acquired last month.

After evaluating the Accrington-based depot, which has 79 staff, Lloyds has decided it does not fit in with AAH's network of 16 warehouses.

While a closure date has not yet been set, Lloyds will begin winding down the depot's activities in the summer.

Mike Oldfield, Lloyds' project manager responsible for the integration of Peel Street, said: "This decision has not been taken without careful consideration. We are working closely with those affected by the closure of the warehouse to provide assistance and guidance wherever possible, and are seeking alternative employment for as many as we can."

● Around 900 pharmacy stores

across the country will carry Lloyds' new fascia by the summer – 150 of the stores will be rebranded by the end of the year. AAH rebranded 328 Lloyds stores last year and said customer awareness of the new look has risen from 28 per cent to 46 per cent.

Medicine licence fees to rise on April 1

Medicines licence fees increase by an average overall 5 per cent on April 1, under regulations published last week.

Among the increases are capital fees for applications for marketing authorisations, manufacturers' and wholesale dealers' licences, clinical trial certificates and export certificates, together with licence renewal and variation applications. Inspection fees also go up. The changes are in line with last year's proposals in MLX250 (C&D December 19/26, 1998, p24). They will be published in the March/April issue of *MAIL*.

Fees for registration of homoeopathic medicines for human use increase by a similar percentage, although there

are discounts of 75 per cent in certain cases for multiple identical applications for standard variations. Fees payable for medical devices under the Consultation Requirements Regulations increase by an average overall 5 per cent.

The changes are made under the Medicines for Human Use and Medical Devices (Fees and Miscellaneous Amendments) Regulations 1999 (SI No 566; Stationery Office, £2).

The Misuse of Drugs (Licence Fees) (Amendment) Regulations 1999 (SI No 741; Stationery Office, £1) increase the fees payable for licences to produce, supply or offer to supply or possess controlled drugs.

UniChem announces business awards

Innovative pharmacists are invited to enter UniChem's Great Business Awards, which offer a top prize of two free places at the company's 2000 convention. Individual category winners will receive £1,000 towards the holiday of their choice.

There are three award categories reflecting key business areas for independent pharmacies: business development, promotion of the business, and building relationships within the community.

Pharmaceutical manufacturers, meanwhile, are eligible for a special award: pharmacists will vote on which company has been the most supportive of pharmacy. To obtain an entry form for the awards, contact the marketing department at UniChem's head office. Forms will also be distributed through the company's monthly promotions book and its *Update* newsletter.

All forms have to be submitted by August 30.

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ium suppositories 30mg (exp 11/00), Zofran tabs 4mg (exp 6/00). Tel: 01923 825753.

TRADE LESS 35%+VAT - 1pk Calcitane inj (exp 2000), 7x5ml Sandostatin inj 1mg/5ml (exp 2001), 1 pack Zavcedos 10mg (exp 2001), 1 box Convatec S245, 2 boxes S301, 1 pk Cohesive ostomy seals 839002, 1pk ColoplastAssura (exp 2000), 1pk Urotainer soln R (exp 2000), 3x56 Sorbid SA 40mg (exp 2001). Tel: 0181 800 4876.

TRADE LESS 40%+VAT - 2 Havrix Monodose (exp 6/99), 5x5 Humulins cart. 1-5ml (exp 6-10/99), 1x10 Clexane inj 20mg (exp 7/99), 2x100 Danazol 200mg (exp 10/99), 2x100 Danazol 100mg (exp 6/99),

2x28 Hytrin BPH 5mg (exp 12/99). Tel: 01279 422909.

TRADE LESS 30%+VAT - 4x28 Efexor XL 150mg (exp 3/01), 1x500 Epanutin 50mg (exp 3/01), 1x28 Casodex 50mg (exp 3/01), 2x56 Lamictal disp. 25mg (exp 9/99), 9x28 Climaval 1mg (exp 7/00). Tel: 0181 459 0742.

TRADE LESS 30%+VAT - Kytril tablet (exp 8/99), Trasiderm-Nitro 5 (exp 4/00). Trade less 50%+VAT, Roaccutane 5mg (exp 6/99), Roaccutane 20mg (exp 9/99), Parmax sachets (exp 11/99). Tel: 01245 264252.

TRADE LESS 30%+VAT+postage - Surgicare S297 4x30, Dansac Unique ref 225-30 6x30, 1x112 Intal Spincaps (exp 11/01),

Droleptan 10mg/2ml (exp 8/00), 5 Myocrisin 50mg/0.5ml (exp 8/99). Tel: 0171 701 1643.

TRADE LESS 30%+VAT+postage - 100 Rocaltrol 0.5meg (exp 6/03), 97 Epanutin 300mg (exp 6/00), 60 Rhemox caps 300mg and others. Tel: 0196 3250259.

TRADE LESS 40%+VAT+postage - 2x60 Trancopal 1000, Hytrin tab 2mg, 250 Hytrin 5mg tab (exp 12/99) in original packs from broken starter packs, 3x10 Incare leg bag 9814 less 30%. Tel: 0161 445 1999.

TRADE LESS 25%+VAT - 2x30 Calcit D3 (exp 9/99), 1x28 Aldactide 50 (exp 7/02), 8x28 Celecitol 400mg (exp 9/01). Tel: 01705 663945.

EXCESS STOCK CAUTION

Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history and conditions of storage, and keep a record of such purchases.

Business link

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EXCESS STOCK

TRADE LESS 40%+VAT - 1x56 Lederfen 450 (exp 7/99), 1 Intal Fisonair (exp 8/99), 3x10g Idoflex Paste (exp 10/99), 2 Fybozest (exp 10/99), 1x84 Campral e/c (exp 9/99), 1x56 Dutonin 100mg (exp 2/00), 1x10 Narscan Neonatal (exp 8/99). Tel: 01279 422909.

TRADE LESS 30%+VAT - 18x1ml Epnex 10,000 iu/ml pre fill syr 3/2000, 10x0.4ml Epnex 4000 iu pre fill syr (exp 12/99). Tel: 0181 670 6863.

HALF PRICE + VAT - post free, 1g Colomycin Sterile Powder (exp 11/00). Tel: 0191 536 4640.

TRADE LESS 40%+VAT - 1x Ellicel Solo Mx40 (exp 6/99). Tel: 01438 312228.

TRADE LESS 20%+VAT - 5 x Saizen 10iu (exp 3/00), 2 x Saizen 4iu (exp 11/99), 5 x 0.5ml Epnex 2000 (exp 4/00). Tel: 01582 421240.

Erythromycin - 2x500's 250mg tabs & 46+VAT (exp 4/00), 2x500's Flucloxacillin 250mg (exp 5/01) & 20+VAT. Tel: 0181 592 4904.

TRADE LESS 20%+VAT +postage - 30 x Neoral 100mg (exp 4/01), 95 x Pergolide 250 (exp 4/00), 97 x Epanutin 300mg (exp 6/00), 84 x Fenbufen 300mg (exp 9/00), 7 x Zyprexon 10mg (exp 8/00), 100 x Rocaltrol 0.5meg (exp 3/01). Tel/Fax: 01963 250259.

TRADE LESS 50%+VAT +postage - 1x30 Hollister drainable pouch 3118, 6x5 Hollister skin barrier ref 7700. Tel: 0181 651 6062.

TRADE LESS 50%+VAT +postage - Hollister, assorted numbers. Tel: 0191 528 4444

TRADE LESS 50%+VAT - Comfeel Plus ulcer dressing 10x10cm code 3110. Two boxes (exp 7/99). Tel: 01702 544104.

TRADE LESS 30%+VAT - 3x100 Entocort CR 3mg caps (exp 6/00). Tel: 0181 455 9090.

FOR SALE

TAKIO - Takio freestanding blood pressure monitor, 50p in slot. Good working order, £100 + carriage. JRC Osicom 486 computer system (removable cartridge drive) £200 + carriage. Precisa Viscount tablet counter (280-9823) £100 + carriage. Tel: 01352 752050.

MARTINDALES - 30th edition Pharmacopoeia £50 + £5 postage (total £55). Tel: 01708 743341.

NOMAD TRAYS - £7.50 each, up to 56 available, plus insert trays 20p each, up to

200 available. Tel: 01803 292574 or 01803 842783.

FORD HESTA - Fusion 1.25 16v 2ETEC engine, metallic silver, 5 door, 8,000 miles, 1 owner, 12 months old, full service history, £6,800. Tel: 01708 743341.

WANTED

Approximately 100 White Nomad Cassettes and/or Insert Trays. Tel: 01782 274329.

'Shape Patches' pack of 30 supplied by EBK Distributors. Required for desperate pharmacist. Tel (day): 0141 423 7988. Manrex equipment and sealer, must be clean. Tel: 01204 883220.

Wanted urgently - Spiroctan 25mg tablets. Tel: 01548 842146.

ACCOMMODATION

NORTHUMBERLAND COAST - Two bedroom holiday home close to coast and the Cheviots. Available all year Centrally heated. Sleeps six plus cot. Tel: 01302 888909 after 8pm.

Business link

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Free entries in 'Business Link' (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Adverts must be submitted on the coupon (right), which must be properly completed, and include an expiry date for products. Acceptance is at the discretion of the Publishers and depends on the space available. Pharmacists should only advertise medicines for sale where the product is discontinued or in short supply. Medicines must be unopened and in original packaging.

To: Business Link, CHEMIST & DRUGGIST, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW.

PLEASE COMPLETE IN BLOCK CAPITALS

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Proposed advertisement copy (maximum 30 words)

Hitting the spot in downtown Llandudno

Pharmacy manager by day and DJ by night, that's Duncan Thomas, the 28-year-old manager of the Llandudno branch of Moss Chemists. And he has just fulfilled a long held ambition to host his own club night at a local night spot.

Duncan's musical tastes might not appeal to his more conservative colleagues - Judge Jules and Pete Tong are unlikely to feature on Radio 2 or Classic FM. However, his style of "uplifting house music" attracted around 180 people to Llandudno's Broadway Boulevard recently.

There was an element of risk to the venture. Duncan had to hire the club for the night, but got to keep the gate money. He promoted the event by 'selling the story' to local newspapers - and attracted the inevitable headlines: 'Duncan's mixing it - meet the house DJ who's a real chemical brother'. He made around £250 on the venture (don't give up the day job yet, Duncan), but more importantly has got another engagement on April 8.

Duncan has managed the Moss branch for three years. "I'm getting a bit of stick from my staff," he said, when we spoke to him.

It's been very quiet recently ...

Mirfield pharmacist Gill Hawsworth would like you all to know that she has been awarded the degree of Doctor of Philosophy by Bradford University for her thesis on 'Pharmaceutical Care - Clinical Community Pharmacy Services in Primary Care'. We share her view that this is a 'good thing' (as they say in '1066 and all that'). Her *magnum opus* comes in two volumes with 95 tables, 39 figures, 68 appendices and the odd reference or two. Where does she find the time?



Three cheers for Mrs Merton

Following on from Peak Practice's brutal portrayal of the pharmacy profession, there is at last someone on television that pharmacists can cheer for (well, sort of).

Pharmacist Mr Malik has featured a couple of times in BBC1's 'Mrs Merton and Malcolm', most recently paying a home visit. He may have failed to diagnose the adult-adolescent Malcolm's phobia of snakes, but at least he advised mother Mrs Merton to call the GP.

Besides generating goodwill among the viewing public that pharmacists do care and will give their time and advice freely, the portrayal of Mr Malik should also generate a bit of relief at Lambeth - he wears a pristine white coat that is buttoned up. The stereotyping may have gone a bit too far, though, as he also has to wear the regulation reading glasses.

What a change from Peak Practice's Norman Shorthose.

Charity, charity mate

What better way for a pharmaceutical company to commemorate its ten year anniversary than to dedicate a day to charity.

SmithKline Beecham is planning to give all its staff a day off on July 26 so that they can go out and do good in the community. Chief executive Jan Leschly is rumoured to be leading the way with a stint at an Ealing-based charity for disabled people, other directors are planning the big day as we speak.

This charity venture was announced last week by Dr James Hill, director and senior vice-president of corporate affairs at SB, at the 20th annual Medical Radio Awards, which the company sponsored. Last year, SB joined forces with the World Health Organization and pledged to eradicate the parasite responsible for elephantiasis by donating albendazole to affected developing countries.

Details of the charity day are still being finalised but it's not known whether each volunteer will be supplied with an emergency bottle of Lucozade to help them cope with life in the real world.

APPOINTMENTS

Luton-based The Wallis Laboratory Ltd, a subsidiary of Wockhardt, has appointed **Vaidyanathan Rajan** as its new managing director. A chartered accountant, Mr Rajan has a broad experience in industry in a number of countries. He was finance director for Wockhardt in India.

Professor Alastair Bellingham has been made chairman designate of the NHS Information Authority, which will be established as a special health authority from April 1. The Authority will be responsible for delivering the NHS' information strategy. Its key objectives are to co-ordinate the development of national clinical information standards, the first generation of electronic health records, and a national platform to ensure consistent and effective use of IT.

PosMark has just launched a new research division (see **Business News**) and **Scott Davies** has been appointed as its managing director. He comes to PosMark Healthcare Research from Taylor Nelson Sofres.

Alberto-Culver has appointed **David Webb** as group vice-president with responsibility for Europe, the Middle East and Africa. He is based in the UK and succeeds Graham Fish, who resigned in January after 20 years with the company.



Vaidyanathan Rajan

Sooty in the dock for encouraging medicine misuse

Is Sooty due to follow Master Bates and Seaman Stains from Captain Pugwash, to be banished from children's entertainment? The inoffensive glove puppet and his co-stars, have been found guilty of encouraging children to dabble with drugs.

An episode of the show last November depicted the puppets sniffing and playing with bottles of essential oils which closely resembled medicine bottles. It attracted 11 complaints, two of which were from aromatherapists. It was claimed the show had been irresponsible in showing the puppets opening what could have been perceived as medicine bottles.

The Independent Television Commission has upheld the complaints, saying that the programme breached that section of its code which prohibits the portrayal of any dangerous behaviour easily imitated by children.

Like a bad penny ...

Some things in life keep coming back to haunt you. The Royal Pharmaceutical Society probably feels that way about the Pharmacy Restaurant, that hijacker of a restricted title which was such a *cause célèbre* last year.

The Pharmacy might have changed its name, but its appeal lives on. Last week it featured large in the Carlton London Restaurant Awards, where its founder, the artist Damien Hirst, won the contemporary restaurant design award for his dispensary lookalike eatery.

The origins of OTC

A call into our office has exposed a gaping hole in our common heritage. When did the phrase 'over the counter' come into common parlance?

Reckitt & Colman's pharmaceutical librarian Avril Taylor phoned on Monday to ask if we knew. "No," we said. "Have you tried the PAGB?"

"Yes," she said, "and the Royal Pharmaceutical Society, but to no avail."

How about the Oxford English Dictionary? "No," was the reply, but Chambers Dictionary points out that OTC also stands for Officer Training Corps. The second edition of the Shorter OED of 1936 does have a quote from 1889: "In fair days he would take some £40 over the counter," but the context is not given.

So when did it become associated with medicines? Was it with the NHS, or did it come with the Pharmacy Act? Please contact us on 01732 364422 if you know.



Sharpe praise

A measure of the esteem in which the Royal Pharmaceutical Society's director of professional standards, Sue Sharpe, is held was revealed recently in the House of Lords.

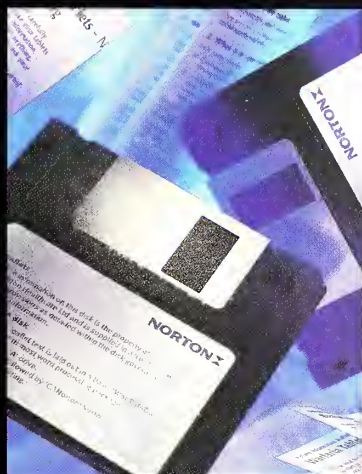
Speaking on the Health Bill (see **News**, p4), Lord Morris of Manchester said he had received a letter from Mrs Sharpe "who is held in high regard on both sides of your Lordship's House". He went on to describe her submission as "eloquent testimony".

High praise indeed.

Important announcement...



patient pack initiative...



Norton Healthcare is committed to providing our customers with the means to comply with the EC directive on patient packs.

We have already sent out disks giving the ability to access patient leaflet text and to print this if necessary.

We are pleased to announce that **from March 1999 we will also be able to supply actual leaflets** for those packs in our range which remain in non patient pack form.

These will be distributed under separate cover to pharmacists ordering directly from us, including those making redemption orders under Norton Advantage. In addition they will be sent with orders from participating wholesalers.

Please note that the leaflets are in a **'mini format'**, in perforated sheets of 4 leaflets to minimise bulk and therefore storage requirements.

This is an interim measure and we will continue our program of introducing Patient Packs over the next few months.

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NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 114mg nicotine per 22cm² patch), NiQuitin CQ Step 2 (containing 78mg nicotine per 15cm² patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7cm² patch), delivering 21mg, 14mg, 7mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. **SB** Apply patch to clean, dry skin site once a day

preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when

using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reaction. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21mg (Step 1) 00079/0347; NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9B, U.K. **Pack size and RSP:** All strengths 7 patches £19.9. **Date of preparation:** November 1998. **NiQuitin CQ, CQ and Committed Quitters** are trade marks.